Roy W. Wesley
Inspector General

Office of the Inspector General

Calipatria State Prison
Medical Inspection Results
Cycle 5

October 2018

Fairness ◆ Integrity ◆ Respect ◆
Service ◆ Transparency

Office of the Inspector General
CALIPATRIA STATE PRISON
Medical Inspection Results
Cycle 5

Roy W. Wesley
Inspector General

Bryan B. Beyer
Chief Deputy Inspector General

Shaun R. Spillane
Public Information Officer

October 2018

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

This page intentionally left blank.

FOREWORD

Pursuant to California Penal Code Section 6126 et seq., which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), the OIG conducts a comprehensive inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons. The OIG **explicitly** makes no determination regarding the constitutionality of care in the prison setting. That determination is left to the Receiver and the federal court. The assessment of care by the OIG is just one factor in the court's determination whether care in the prisons meets constitutional standards.

The OIG's inspections are mandated by the Penal Code and not aimed at specifically resolving the court's questions on constitutional care. To the degree that they provide another factor for the court to consider, the OIG is pleased to provide added value to the taxpayers of California.

In Cycle 5, for the first time, the OIG will be inspecting institutions delegated back to CDCR from the Receivership. There is no difference in the standards used for assessment of a delegated institution versus an institution not yet delegated. Calipatria State Prison was delegated back to CDCR by the Receiver in December 2017.

This fifth cycle of inspections will continue evaluating the areas addressed in Cycle 4, which included clinical case review, compliance testing, and a population-based metric comparison of selected Healthcare Effectiveness Data Information Set (HEDIS) measures. In agreement with stakeholders, the OIG made changes to both the case review and compliance components. The OIG found that in every inspection in Cycle 4, larger samples were taken than were needed to assess the adequacy of medical care provided. As a result, the OIG reduced the number of case reviews and sample sizes for compliance testing. Also, in Cycle 4, compliance testing included two secondary (administrative) indicators (*Internal Monitoring, Quality Improvement, and Administrative Operations*; and *Job Performance, Training, Licensing, and Certifications*). For Cycle 5, these have been combined into one secondary indicator, *Administrative Operations*.

This page intentionally left blank.

EXECUTIVE SUMMARY

The OIG completed the Cycle 5 medical inspection of Calipatria State Prison (CAL) in August 2018. The vast majority of our inspection findings were based on CAL's health care delivery between January 2017 and January 2018. Our policy compliance inspectors performed an onsite inspection in October 2017. After reviewing the institution's health care delivery, our case review clinicians performed an onsite inspection in May 2018.

OVERALL RATING:

Adequate

Our clinician team, consisting of expert physicians and nurse consultants, reviewed cases (patient medical records) and interpreted our policy compliance results to determine the quality of health care the institution provided. Our compliance team, consisting of registered nurses, monitored the institution's compliance with its medical policies by answering a predetermined set of policy compliance questions.

Our clinician team reviewed 49 cases that contained 724 patient-related events. Our compliance team tested 86 policy questions by observing CAL's processes and examining 382 patient records and 1,022 data points. We distilled the results from both the case review and compliance testing into 13 health care indicators, and have listed the individual indicators and ratings applicable for this institution in the *CAL Executive Summary Table* on the following page. Our experts made a considered and measured opinion that the overall quality of health care at CAL was ***adequate***.

CAL Executive Summary Table

Inspection Indicators	Case Review Rating	Compliance Rating	Cycle 5 Overall Rating	Cycle 4 Overall Rating
1—Access to Care	*Adequate*	*Inadequate*	***Inadequate***	*Adequate*
2—Diagnostic Services	*Proficient*	*Adequate*	***Adequate***	*Proficient*
3—Emergency Services	*Adequate*	Not Applicable	***Adequate***	*Inadequate*
4—Health Information Management	*Proficient*	*Proficient*	***Proficient***	*Adequate*
5—Health Care Environment	Not Applicable	*Inadequate*	***Inadequate***	*Adequate*
6—Inter- and Intra-System Transfers	*Inadequate*	*Inadequate*	***Inadequate***	*Adequate*
7—Pharmacy and Medication Management	*Adequate*	*Inadequate*	***Adequate***	*Inadequate*
8—Prenatal and Post-Delivery Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9—Preventive Services	Not Applicable	*Proficient*	***Proficient***	*Inadequate*
10—Quality of Nursing Performance	*Adequate*	Not Applicable	***Adequate***	*Adequate*
11—Quality of Provider Performance	*Proficient*	Not Applicable	***Proficient***	*Adequate*
12—Reception Center Arrivals	Not Applicable	Not Applicable	Not Applicable	Not Applicable
13—Specialized Medical Housing	*Adequate*	*Proficient*	***Adequate***	*Proficient*
14—Specialty Services	*Proficient*	*Proficient*	***Proficient***	*Adequate*
15—Administrative Operations (Secondary)	Not Applicable	*Adequate*	***Adequate***	*Adequate**

* In Cycle 4, there were two secondary (administrative) indicators. This score reflects the average of those two scores.

Expert Clinician Case Review Results

Our expert clinicians reviewed cases of patients with many medical needs and included a review of 724 patient care events.[1] The vast majority of our case review covered the period between July 2017 and January 2018. As depicted on the executive summary table on page *iv*, clinicians rated 10 of the 13 indicators applicable to CAL. Of those ten applicable indicators, we rated four *proficient*, five *adequate*, and one *inadequate*. When determining the overall adequacy of care, we paid particular attention to the clinical nursing and provider quality indicators, as adequate health care staff can sometimes overcome suboptimal compliance (i.e., performance with processes and programs). However, the opposite is not true; inadequate health care staff cannot provide adequate care, even though the established processes and programs may be adequate. We identified inadequate medical care based on the risk of significant harm to the patient, not the actual outcome.

Program Strengths — Clinical

- Laboratory and diagnostic tests were completed reliably, and the test reports were retrieved and scanned into the medical record timely.

- CAL consistently processed health information correctly. We found that medical staff had reliable access to their patients' health care information.

- CAL providers performed well across multiple aspects of patient care, including emergency care, chronic care, hospital returns, and specialized medical housing. The providers' good performance compensated for the questionable care the nurses gave when patients transferred into the institution and to those in the outpatient housing unit (OHU).

- CAL's *Specialty Services* indicator was rated *proficient* since the staff completed most specialty appointments timely, and retrieved, labeled, and scanned specialty reports properly. Providers timely reviewed and addressed the recommendations. Nurses provided good assessments, reviewed specialists' findings and recommendations, and communicated those results to providers.

Program Weaknesses — Clinical

- CAL experienced significant difficulty when patients transferred into the institution. Medical staff's errors resulted in both poor medication continuity, and delayed provider and specialty appointments.

[1] Each OIG clinician team consists of a board-certified physician and a registered nurse consultant with experience in correctional and community medical settings.

- OHU nurses struggled with making good nursing assessments. We found a deficiency pattern in which the OHU nurses ignored their patients' complaints.

Compliance Testing Results

Of the 13 health care indicators applicable to CAL, 10 were evaluated by compliance inspectors[2]; of these, 4 were *proficient*, 2 were *adequate*, and 4 were *inadequate*. The vast majority of our compliance testing concerned medical care that occurred between January 2017 and October 2017. There were 86 individual compliance questions within those ten indicators, generating 1,022 data points, that tested CAL's compliance with California Correctional Health Care Services (CCHCS) policies and procedures.[3] Those 86 questions are detailed in *Appendix A — Compliance Test Results*.

Program Strengths — Compliance

The following are some of CAL's strengths based on its compliance scores on individual questions in all the health care indicators:

- Nursing staff at CAL timely completed the initial patient assessments upon admission. Also, providers timely completed patients' written history and physical examinations upon admission, and completed additional patient evaluations at required intervals.
- CAL's Health Information Management (HIM) staff timely scanned dictated and non-dictated provider progress notes, initial health screening forms, patient health care services request forms, and specialty service consultant reports.
- The institution retrieved high-priority and routine specialty service reports timely, and providers reviewed high-priority specialists' reports within required time frames.
- CAL timely offered its patients preventive services such as colorectal cancer screenings and immunizations. CAL also performed extremely well with performing tuberculosis (TB) screenings during patients' birth months.

Program Weaknesses — Compliance

The following are some of the weaknesses identified by CAL's compliance scores on individual questions in all the health care indicators:

[2] The OIG's compliance inspectors are trained registered nurses with expertise in CDCR policies regarding medical staff and processes.

[3] The OIG used its own clinicians to provide expert clinical guidance for testing compliance in certain areas where CCHCS policies and procedures did not specifically address an issue.

- Patients did not always receive their chronic care follow-up appointments or their high-priority or routine specialty service follow-up appointments within required time frames.

- Medical clinics at CAL did not meet requirements for essential core medical equipment and supplies. Almost all clinics that we tested were missing properly calibrated medical equipment and medical supplies required to provide standard medical care.

- Several medication lines did not adequately employ security controls for narcotic medications. In addition, CAL did not store non-narcotic medications appropriately.

- Medication nurses did not properly demonstrate appropriate administrative controls and protocols in medication line areas. In addition, medication nurses did not maintain proper hand hygiene while distributing medications to patients.

Recommendations

The OIG recommends the following:

- The chief nurse executive (CNE) should implement training for the triage and treatment area (TTA) and first medical responder nurses regarding documentation, timeline accuracy, and proper nursing assessment due to problems the institution's nurses demonstrated in the emergency services case reviews. Specifically, the CNE should choose the nursing assessments of patients' gastrointestinal conditions as a target for improved care.

- The CNE should implement a quality improvement program to evaluate and monitor the various transfer-in processes due to errors identified during our case reviews. The CNE should focus on improving the receiving nurses' performance and ensuring prompt provider appointments. The CNE should audit and track newly arrived patients' pending diagnostic tests and specialty referrals to ensure that CAL provides those needed services without incurring lapses in care.

- The CNE should improve its methods for evaluating the quality of care provided by nurses who assess sick call patients and those who assess new patients transferring in from other facilities due to the various concerns we identified in these areas during our inspection.

- The CNE should revamp the way the institution appraises the performance of the OHU nurses. Nursing care was substandard in the majority of OHU cases we reviewed.

- CCHCS should examine CAL's well-run morning huddle process and consider the feasibility of replicating it statewide.

Population-Based Metrics

In general, CAL performed comparably to other health plans as measured by population-based metrics. In comprehensive diabetes care, CAL outperformed state and national health care plans in three of five diabetic measures. However, CAL scored lower than three health care plans for diabetic eye examinations and two for blood pressure control.

Comparative data for immunizations was only fully available for the VA and partially available for Kaiser, commercial plans, and Medicare. Regarding administering influenza vaccinations to younger adults, CAL scored lower than all health care plans except commercial plans and Medicaid. When administering influenza vaccinations to older adults, CAL scored 100 percent, outperforming Medicare and the VA, the two health care plans with reported data for this measure. Regarding administering pneumococcal vaccines to older adults, CAL also scored higher than all health care plans.

CAL may improve its scores for administering influenza vaccinations to younger adults by reducing patient refusals through educating patients on the benefits of these preventive services.

INTRODUCTION

Pursuant to California Penal Code Section 6126 et seq., which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation (CDCR), and at the request of the federal Receiver, the OIG developed a comprehensive medical inspection program to evaluate the delivery of medical care at each of CDCR's 35 adult prisons. The OIG conducted a clinical case review and a compliance inspection, ensuring a thorough, end-to-end assessment of medical care within CDCR.

Calipatria State Prison (CAL) was the 30th medical inspection of Cycle 5. During the inspection process, the OIG assessed the delivery of medical care to patients using the primary clinical health care indicators applicable to the institution. The *Administrative Operations* indicator is secondary because it does not reflect the actual clinical care provided.

ABOUT THE INSTITUTION

Calipatria State Prison (CAL) is located in the city of Calipatria, in Imperial County. The institution opened in 1992. Its primary mission is to protect the public by providing safe custody, quality health care, and the appropriate supervision of sentenced offenders. The institution runs eight medical clinics and treats patients needing urgent or emergent care in its triage and treatment area (TTA). CAL also treats patients who require assistance with the activities of daily living, but who do not require a higher level of inpatient care, in the institution's outpatient housing unit (OHU).

CAL has been designated by CCHCS as a "basic" care institution. Basic institutions are located in rural areas, away from tertiary care centers and specialty care providers whose services would likely be used frequently by higher-risk patients. Basic institutions have the capability to provide only limited specialty medical services and consultations for a generally healthy patient population.

On August 5, 2016, the institution received national accreditation from the Commission on Accreditation for Corrections. This accreditation program is a professional peer review process based on national standards set by the American Correctional Association.

Based on staffing data reported by the institution, CAL had 6.9 vacancies among nursing staff, 3 vacancies for nursing supervisors, and 3 vacancies for primary care providers. Six medical staff members were on extended leave at CAL. The institution also employed ten registry clinicians: two providers and eight nurses.

CAL Health Care Staffing Resources as of October 2017

	Management		Primary Care Providers		Nursing Supervisors		Nursing Staff	
Description	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Filled Positions	5	100%	3.5	54%	6.5	68%	56.7	89%
Vacancies	0	0%	3	46%	3	32%	6.9	11%
Total Authorized Positions	5	100%	6.5	100%	9.5	100%	63.6	100%

CAL Health Care Positions

		Management		Primary Care Providers		Nursing Supervisors		Nursing Staff	
Limited Productivity	*Recent Hires (within 12 months)*	4	80%	0	0%	0	0%	11	19%
	Staff Utilized from Registry	0	0%	2	57%	0	0%	8	14%
	Redirected Staff (to Non-Patient Care Areas)	0	0%	0	0%	0	0%	0	0%
	Staff on Extended Leave	0	0%	1	29%	2	31%	3	5%
Full Productivity		1	20%	.5	14%	4.5	69%	34.7	61%
Total Filled Positions		5	100%	3.5	100%	6.5	100%	56.7	100%

Note: CAL Health Care Staffing Resources data was not validated by the OIG.

As of October 23, 2017, the Master Registry for CAL showed that the institution had a total population of 3,738. Within that total population, 0.1 percent was designated as high medical risk, Priority 1 (High 1), and 0.7 percent was designated as high medical risk, Priority 2 (High 2). Patients' assigned risk levels are based on the complexity of their required medical care related to their specific diagnoses, frequency of higher levels of care, age, and abnormal laboratory results and procedures. High 1 has at least two high-risk conditions; High 2 has only one. Patients at high medical risk are more susceptible to poor health outcomes than those at medium or low medical risk. Patients at high medical risk also typically require more health care services than do patients with lower assigned risk levels. The table on the next page illustrates the breakdown of the institution's medical risk levels at the start of the OIG medical inspection.

CAL Master Registry Data as of October 23, 2017

Medical Risk Level	Number of Patients	Percentage
High 1	5	0.1%
High 2	26	0.7%
Medium	586	15.7%
Low	3,121	83.5%
Total	**3,738**	**100.0%**

This page intentionally left blank.

OBJECTIVES, SCOPE, AND METHODOLOGY

In designing the medical inspection program, the OIG reviewed CCHCS policies and procedures, relevant court orders, and guidance developed by the American Correctional Association. The OIG also reviewed professional literature on correctional medical care; reviewed standardized performance measures used by the health care industry; consulted with clinical experts; and met with stakeholders from the court, the Receiver's office, CDCR, the Office of the Attorney General, and the Prison Law Office to discuss the nature and scope of the OIG's inspection program. With input from these stakeholders, the OIG developed a medical inspection program that evaluates medical care delivery by combining clinical case reviews of patient files, objective tests of compliance with policies and procedures, and an analysis of outcomes for certain population-based metrics.

To maintain a metric-oriented inspection program that evaluates medical care delivery consistently at each state prison, the OIG identified 15 indicators (14 primary (clinical) indicators and one secondary (administrative) indicator) of health care to measure. The primary quality indicators cover clinical categories directly relating to the health care provided to patients, whereas the secondary quality indicator addresses the administrative functions that support a health care delivery system. The *CAL Executive Summary Table* on page *iv* of this report identifies these 15 indicators.

The OIG rates each of the quality indicators applicable to the institution under inspection based on case reviews conducted by OIG clinicians and compliance tests conducted by OIG registered nurses. The case review results alone, the compliance test results alone, or a combination of both these information sources may influence an indicator's overall rating. For example, the OIG derives the ratings for the primary quality indicators *Quality of Nursing Performance* and *Quality of Provider Performance* entirely from the case review done by clinicians, while the ratings for the primary quality indicators *Health Care Environment* and *Preventive Services* are derived entirely from compliance testing done by registered nurse inspectors. As another example, primary quality indicators such as *Diagnostic Services* and *Specialty Services* receive ratings derived from both sources.

The OIG does not inspect for efficiency or cost-effectiveness of medical operations. Consistent with the OIG's agreement with the Receiver, this report only addresses the quality of CDCR's medical operations and its compliance with quality-related policies. Moreover, if the OIG learns of a patient needing immediate care, the OIG notifies the chief executive officer of health care services and requests a status report. Additionally, if the OIG learns of significant departures from community standards, it may report such departures to the institution's chief executive officer or to CCHCS. Because these matters involve confidential medical information protected by state and federal privacy laws, the OIG does not include specific identifying details related to any such cases in the public report.

In all areas, the OIG is alert for opportunities to make appropriate recommendations for improvement. Such opportunities may be present regardless of the score awarded to any particular quality indicator; therefore, recommendations for improvement are not necessarily indicative of deficient medical care delivery.

CASE REVIEWS

The OIG added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders, which continues in the Cycle 5 medical inspections. The following exhibit provides definitions that describe this process.

Exhibit 1. Case Review Definitions

Case = Sample = Patient
An appraisal of the medical care provided to one patient over a specific period, which can comprise detailed or focused case reviews.

Detailed Case Review
A review that includes all aspects of one patient's medical care assessed over a six-month period. This review allows the OIG clinicians to examine many areas of health care delivery, such as access to care, diagnostic services, health information management, and specialty services.

Focused Case Review
A review that focuses on one specific aspect of medical care. This review tends to concentrate on a singular facet of patient care, such as the sick call process or the institution's emergency medical response.

Case Review Event
A direct or indirect interaction between the patient and the health care system. Examples of direct interactions include provider encounters and nurse encounters. An example of an indirect interaction includes a provider reviewing a diagnostic test and placing additional orders.

Case Review Deficiency
A medical error in procedure or in clinical judgment. Both procedural and clinical judgment errors can result in policy non-compliance, elevated risk of patient harm, or both.

Adverse Deficiency
A medical error that increases the risk of, or results in, serious patient harm. Most health care organizations refer to these errors as *adverse events*.

The OIG's clinicians perform a retrospective case review of selected patient files to evaluate the care given by an institution's primary care providers and nurses. Retrospective case review is a well-established review process used by health care organizations that perform peer reviews and patient death reviews. Currently, CCHCS uses retrospective case review as part of its death review process and in its pattern-of-practice reviews. CCHCS also uses a more limited form of retrospective case review when performing appraisals of individual primary care providers.

Patient Selection for Retrospective Case Reviews

Because retrospective case review is time consuming and requires qualified health care professionals to perform it, the OIG must carefully select a sample of patient records for clinician review. Accordingly, the group of patients the OIG targeted for case review carried the highest clinical risk and utilized the majority of medical services. The majority of patients selected for retrospective case review were high-utilizing patients with chronic care illnesses who were classified as high or medium risk. The reason the OIG targeted these patients for review is twofold:

1. The goal of retrospective case review is to evaluate all aspects of the health care system. Statewide, high-utilization patients consume medical services at a disproportionate rate. Between October 2011 and March 2012, nine percent of the total statewide adult inmate population was classified as high-risk and accounted for more than half of CCHCS's pharmaceutical, specialty, community hospital, and emergency costs.[4] This disproportionate utilization of health care resources was consistent with that observed in the general U.S. population. Based on the 2010 Medical Expenditure Panel Survey data, 5 percent of the U.S. population accounted for 50 percent of health care costs.[5] By May 2018, the proportion of high-risk patients increased to 13.6 percent of the statewide adult inmate population.[6]

2. Selecting high-utilizing patients for case review provides a significantly greater opportunity to evaluate all the various aspects of the health care delivery system at an institution.

Underlying the choice of high- and medium-risk patients for detailed case review, the OIG clinical experts made the following three assumptions:

---

[4] California Correctional Health Care Services (CCHCS) Quality Management Section, *High-Risk Patient Performance Report – Appropriate Placement in the CCHCS Primary Care Environment,* August 2012; **https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/T21_20120915_Appendix6.pdf** (accessed 9-10-18).

[5] S.B. Cohen, *The Concentration and Persistence in the Level of Health Expenditures Over Time: Estimates for the U.S. Population, 2009–2010* (Rockville, MD: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, 2012); **https://meps.ahrq.gov/data_files/publications/st392/stat392.shtml** (accessed 9-10-18).

[6] CCHCS Public Dashboard, Statewide, May 2018; **https://cchcs.ca.gov/wp-content/uploads/sites/60/2018/08/Public-Dashboard-2018-05.pdf** (accessed 9-10-18).

1. If the institution is able to provide adequate clinical care to the most challenging patients with multiple complex and interdependent medical problems, it is more likely to provide adequate care to patients with less complicated health care issues. Because clinical expertise is required to determine whether the institution has provided adequate clinical care, the OIG utilizes experienced correctional physicians and registered nurses to perform this analysis.

2. The health of less complex patients is more likely to be affected by processes such as timely appointment scheduling, medication management, routine health screening, and immunizations. To review these processes, the OIG simultaneously performs a broad compliance review.

3. Patient cases generated during death reviews, adverse events (unexpected occurrences involving death or serious injury, or risk thereof), and hospitalizations are more likely to comprise high-risk patients.

Benefits and Limitations of Targeted Subpopulation Review

Because the patients selected utilize the broadest range of services offered by the health care system, the OIG's retrospective case review provides adequate data for a qualitative assessment of the most vital system processes (referred to as "primary quality indicators"). Retrospective case review provides an accurate qualitative assessment of the relevant primary quality indicators as applied to the targeted subpopulation of high-risk and high-utilization patients. While this targeted subpopulation does not represent the prison population as a whole, the institution's ability to *respond* with adequate medical care to this subpopulation is a crucial and vital indicator of how the institution provides health care to its whole patient population. Simply put, if the institution's medical system does not *respond* adequately for those patients needing the most care, then it is not fulfilling its obligations, even if it takes good care of patients with less complex medical needs.

Since the targeted subpopulation does not represent the institution's general prison population, the OIG cautions against inappropriate extrapolation of medical *conditions* or *outcomes* from the retrospective case reviews to the general population. For example, if the high-risk diabetic patients reviewed have poorly controlled diabetes, one cannot conclude that all the diabetics' conditions are poorly controlled. Similarly, if the high-risk diabetic patients under review have poor outcomes, one cannot conclude that the entire diabetic population is having similarly poor outcomes. The OIG does not extrapolate *conditions* or *outcomes*, but instead extrapolates the institution's *response* for those patients needing the most care because the *response* yields valuable system information.

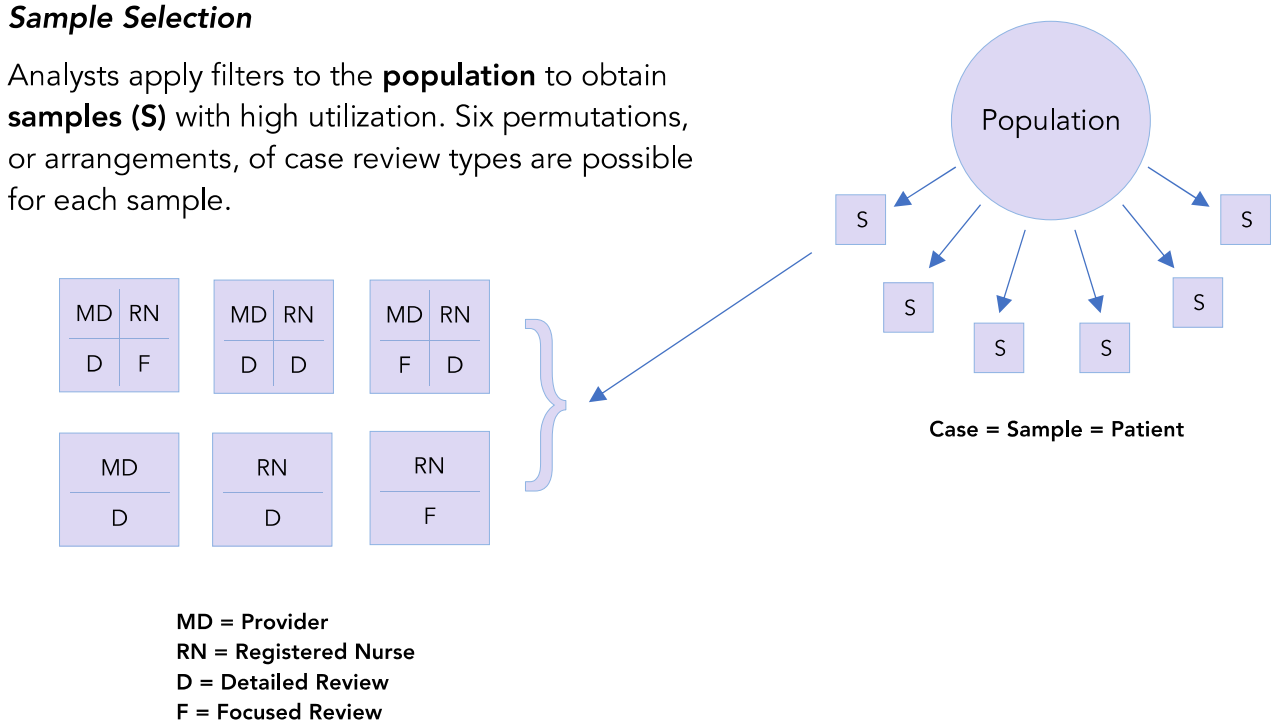
In the above example, if the institution responds by providing appropriate diabetic monitoring, medication therapy, and specialty referrals for the high-risk patients reviewed, then it is reasonable to infer that the institution is also responding appropriately to all the diabetics in the

prison. However, if these same high-risk patients needing monitoring, medications, and referrals are not getting those needed services, it is likely that the institution is not providing appropriate diabetic services.

Case Review Sampling Methodology

Using a pre-defined case review sampling algorithm, OIG analysts apply various filters to each institution's patient population. The various filters include medical risk status, number of prescriptions, number of specialty appointments, number of clinic appointments, and other health-related data. The OIG uses these filters to narrow down the population to those patients with the highest utilization of medical resources (see Chart 1, next page). To prevent selection bias, the OIG ensures that the same clinicians who perform the case reviews do not participate in the sample selection process.

Chart 1. Case Review Sample Selection



The OIG's case sample sizes matched those of other qualitative research. The empirical findings, supported by expert statistical consultants, showed adequate conclusions after 10 to 15 cases had undergone comprehensive, or detailed, clinician review. In qualitative statistics, this phenomenon is known as "saturation." The OIG found the Cycle 4 medical inspection sample size of 30 for detailed physician reviews far exceeded the saturation point necessary for an adequate qualitative review. At the end of Cycle 4 inspections, the OIG re-analyzed the case review results using half the number of cases; there were no significant differences in the ratings. To improve inspection efficiency while preserving the quality of the inspection, the OIG reduced the number of the samples for Cycle 5 medical inspections to the current levels. For most basic institutions, the OIG samples 20 cases for detailed physician review. For intermediate institutions and several basic institutions with larger high-risk populations, the OIG samples 25 cases. For California Health Care Facility, the OIG samples 30 cases for detailed physician review.

Breadth of Case Reviews

As indicated in *Appendix B, Table B-1: CAL Sample Sets*, the OIG clinicians evaluated medical records for 49 unique cases. *Appendix B, Table B-4: CAL Case Review Sample Summary* clarifies that both nurses and physicians reviewed 14 of those cases, for 63 case reviews in total.

Physicians performed detailed reviews of 20 cases, and nurses performed detailed reviews of 14 cases, totaling 34 detailed case reviews. Nurses also performed a focused review of an additional 29 cases. These reviews generated 724 case review events (*Appendix B, Table B-3: CAL Event – Program*).

While the sample method specifically pulled only 3 chronic care cases, i.e., 3 diabetes cases (*Appendix B, Table B-1: CAL Sample Sets*), the 49 unique cases sampled included 11 chronic care diagnoses, including 3 additional cases with diabetes for a total of 6 cases (*Appendix B, Table B-2: CAL Chronic Care Diagnoses*). The OIG's sample selection tool allowed evaluation of many chronic care programs because the complex and high-risk patients selected from the different categories often had multiple medical problems. While the OIG did not evaluate every chronic disease or health care staff member, the OIG did assess for adequacy the overall operation of the institution's system and staff.

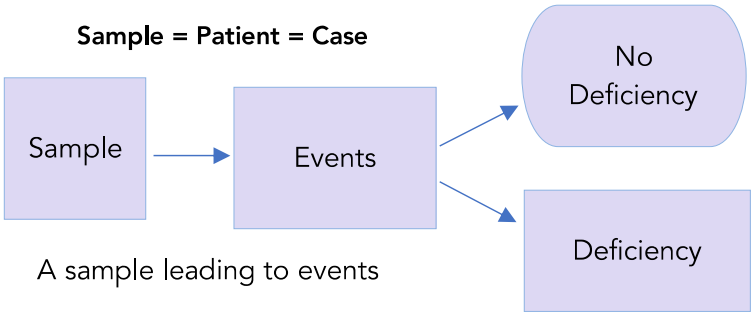
Case Review Testing Methodology

A physician, a nurse consultant, or both clinician inspectors review each case. The OIG clinician inspector can perform one of two different types of case review: detailed or focused (see Exhibit 1, page 5, and Chart 1, page 8). As the OIG clinician inspector reviews the medical record for each sample, the inspector records pertinent interactions between the patient and the health care system. These interactions are also known as case review *events*. When an OIG clinician inspector identifies a medical error, the inspector also records these errors as case review *deficiencies.* If a deficiency is of such magnitude that it caused, or had the potential to cause, serious patient harm, then the OIG clinician records it as an *adverse deficiency* (see Chart 2, next page).

Chart 2. Case Review Testing and Deficiencies

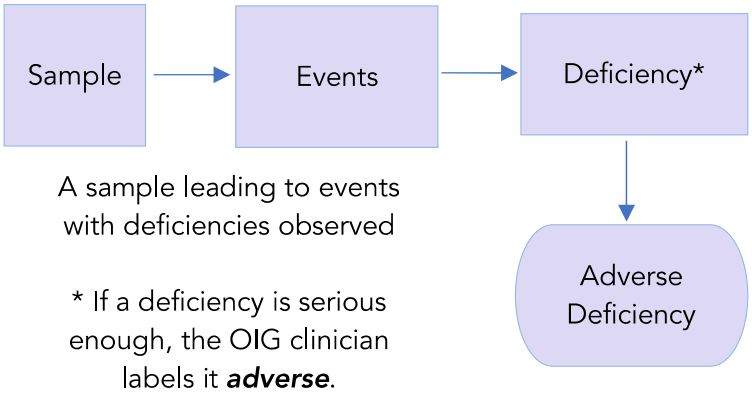
Case Review Testing

The OIG clinicians examine the chosen samples, performing a **detailed case review** or a **focused case review**, to determine the events that occurred.



Deficiencies

Not all events lead to deficiencies (medical errors); however, if there are errors, then the OIG clinicians determine whether any are **adverse**.



When the OIG clinician inspectors have reviewed all cases, they analyze the deficiencies. OIG inspectors search for similar types of deficiencies to determine if a repeating pattern of errors exists. When the same type of error occurs multiple times, the OIG inspectors identify those errors as findings. When the error is frequent, the likelihood is high that the error is regularly recurring at the institution. The OIG categorizes and summarizes these deficiencies in one or more health care quality indicators in this report to help the institution focus on areas for improvement.

Additionally, the OIG physicians also rate each of the detailed physician cases for adequacy based on whether the institution met the patient's medical needs and if it placed the patient at significant risk of harm. The cumulative analysis of these cases gives the OIG clinicians additional perspective to help determine whether the institution is providing adequate medical services or not.[7]

Based on the collective results of clinicians' case reviews, the OIG clinicians rated each quality indicator *proficient* (excellent), *adequate* (passing), or *inadequate* (failing). A separate confidential *CAL Supplemental Medical Inspection Results: Individual Case Review Summaries* report details the case reviews the OIG clinicians conducted and is available to specific stakeholders. For further details regarding the sampling methodologies and counts, see *Appendix B — Clinical Data, Table B-1; Table B-2; Table B-3;* and *Table B-4*.

[7] Regarding individual provider performance, the OIG did not design the medical inspection to be a focused search for poorly performing providers; rather, the inspection assesses each institution's systemic health care processes. Nonetheless, while the OIG does not purposefully sample cases to review each provider at the institution, the cases usually involve most of the institutions' providers. Providers should only escape OIG case review if institutional managers assigned poorly performing providers the care of low-utilizing and low-risk patients, or if the institution had a relatively high number of providers.

COMPLIANCE TESTING

Sampling Methods for Conducting Compliance Testing

From October 2017 to January 2018, registered nurse inspectors obtained answers to 86 objective medical inspection test (MIT) questions designed to assess the institution's compliance with critical policies and procedures applicable to the delivery of medical care. To conduct most tests, inspectors randomly selected samples of patients for whom the testing objectives were applicable and reviewed their electronic unit health records. In some cases, inspectors used the same samples to conduct more than one test. In total, inspectors reviewed health records for 382 individual patients and analyzed specific transactions within their records for evidence that critical events occurred. Inspectors also reviewed management reports and meeting minutes to assess certain administrative operations. In addition, during the week of October 30, 2017, registered nurse field inspectors conducted a detailed onsite inspection of CAL's medical facilities and clinics; interviewed key institutional employees; and reviewed employee records, logs, medical appeals, death reports, and other documents. This generated 1,022 scored data points to assess care.

In addition to the scored questions, the OIG obtained information from the institution that it did not score. This included, for example, information about CAL's plant infrastructure, protocols for tracking medical appeals and local operating procedures, and staffing resources.

For details of the compliance results, see *Appendix A — Compliance Test Results*. For details of the OIG's compliance sampling methodology, see *Appendix C — Compliance Sampling Methodology*.

Scoring of Compliance Testing Results

After compiling the answers to the 86 questions for the 10 applicable indicators, the OIG derived a score for each quality indicator by calculating the percentage score of all *Yes* answers for each of the questions applicable to a particular indicator, then averaging those scores. Based on those results, the OIG assigned a rating to each quality indicator of *proficient* (greater than 85.0 percent), *adequate* (between 75.0 percent and 85.0 percent), or *inadequate* (less than 75.0 percent).

OVERALL QUALITY INDICATOR RATING FOR CASE REVIEWS AND COMPLIANCE TESTING

The OIG derived the final rating for each quality indicator by combining the ratings from the case reviews and from the compliance testing, as applicable. When combining these ratings, the case review evaluations and the compliance testing results usually agreed, but there were

instances for this inspection when the rating differed for a particular quality indicator. In those instances, the inspection team assessed the quality indicator based on the collective ratings from both components. Specifically, the OIG clinicians and registered nurse inspectors discussed the nature of individual exceptions found within that indicator category and considered the overall effect on the ability of patients to receive adequate medical care.

To derive an overall assessment rating of the institution's medical inspection, the OIG evaluated the various rating categories assigned to each of the quality indicators applicable to the institution, giving more weight to the rating results of the primary quality indicators, which directly relate to the health care provided to patients. Based on that analysis, OIG experts made a considered and measured overall opinion about the quality of health care observed.

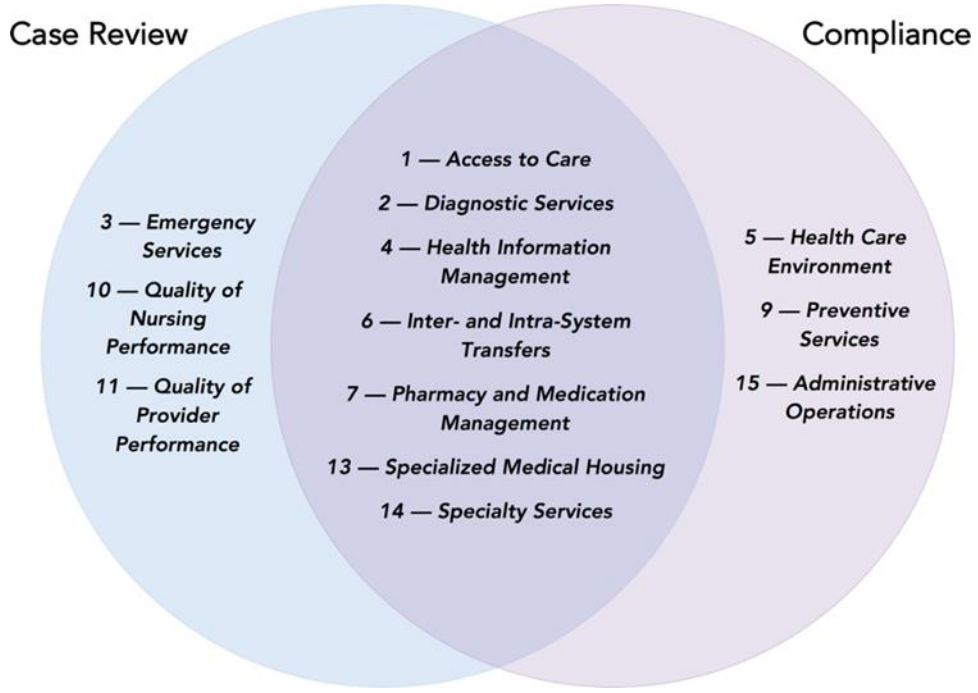
POPULATION-BASED METRICS

The OIG identified a subset of Healthcare Effectiveness Data Information Set (HEDIS) measures applicable to the CDCR patient population. To identify outcomes for CAL, the OIG reviewed some of the compliance testing results, randomly sampled additional patients' records, and obtained CAL data from the CCHCS Master Registry. The OIG compared those results to HEDIS metrics reported by other statewide and national health care organizations.

MEDICAL INSPECTION RESULTS

The OIG's case review and clinician teams use quality indicators to assess the clinical aspects of health care. The *CAL Executive Summary Table* on page *iv* of this report identifies the 13 indicators applicable to this institution. The following chart depicts their union and intersection:

Chart 3. Inspection Indicator Review Distribution



The *Administrative Operations* indicator is a secondary indicator; therefore, the OIG did not rely upon this indicator when determining the institution's overall score. Based on the analysis and results in all the primary indicators, the OIG experts made a considered and measured opinion that the quality of health care at CAL was ***adequate***.

Summary of Case Review Results: The clinical case review component assessed 10 of the 12 primary (clinical) indicators applicable to CAL. Of these ten indicators, OIG clinicians rated four *proficient*, five *adequate*, and one *inadequate*.

The OIG physicians rated the overall adequacy of care for each of the 20 detailed case reviews they conducted. Of these 20 cases, 19 were *adequate*, and 1 was *inadequate*. In the 724 events reviewed, there were 114 deficiencies, 25 of which were considered to be of such magnitude that, if left unaddressed, they would likely contribute to patient harm.

Adverse Deficiencies Identified During Case Review: Adverse deficiencies are medical errors that markedly increased the risk of, or resulted in, serious patient harm. Medical care is a complex and dynamic process with many moving parts, subject to human error even within the best health care organizations. All major health care organizations typically identify and track adverse deficiencies for the purpose of quality improvement. Adverse deficiencies are not typically representative of medical care delivered by the organization. The OIG normally identifies adverse deficiencies for the dual purposes of quality improvement and the illustration of problematic patterns of practice found during the inspection. Because of the anecdotal nature of these deficiencies, the OIG cautions against drawing inappropriate conclusions regarding the institution based solely on adverse deficiencies. The OIG identified one adverse deficiency in the case reviews at CAL:

- In case 9, the patient had seizures and high blood pressure. Before he transferred into CAL, the patient had low blood levels of seizure medication and significantly high blood pressure. The sending institution's provider ordered a seizure medication-level laboratory test and ordered the nurses to obtain a blood pressure check in two weeks. When the patient transferred into CAL, the receiving nurse did not review the pending laboratory test or the orders for the blood pressure check. Six weeks later, medical staff found the patient unconscious in his cell and transferred him to a community hospital due to persistent seizures that did not respond to medications. We also discuss this case in the *Inter- and Intra-System Transfers* indicator.

Summary of Compliance Results: The compliance component assessed 10 of the 13 indicators applicable to CAL. Of these ten indicators, OIG inspectors rated four *proficient*, two *adequate*, and four *inadequate*. The results of those assessments are summarized within this section of the report. The test questions used to assess compliance for each indicator are detailed in *Appendix A*.

1 — *ACCESS TO CARE*

Case Review Rating:
Adequate
Compliance Score:
Inadequate
(73.6%)
Overall Rating:
Inadequate

This indicator evaluates the institution's ability to provide patients with timely clinical appointments. OIG inspectors review areas specific to patients' access to care such as initial assessments of newly arriving patients, acute and chronic care follow-up appointments, face-to-face nurse appointments when a patient requests to be seen, provider referrals from nursing lines, and follow-ups after hospitalization or specialty care. Compliance testing for this indicator also evaluates whether patients have Health Care Services Request forms (CDCR Form 7362) available in their housing units.

For this indicator, the case review and compliance review processes yielded different results, with the case reviewers assigning an *adequate* rating and the compliance testing resulting in an *inadequate* score. CAL implemented the new, systemwide electronic health records system (EHRS) during our testing period, and the institution's implementation process may have contributed to the low compliance scores. Our compliance testing showed that CAL had significant difficulty ensuring timely provider access for chronic care patients, newly arrived patients, and patients who were referred by the sick call nurse. Our clinical experts considered CAL's performance with these essential appointments deficient and rated this indicator *inadequate* overall.

Case Review Results

We reviewed 462 provider, nurse, specialty, and hospital events that required a follow-up appointment and identified 11 deficiencies relating to *Access to Care*, 6 of which were significant. The case review rating for *Access to Care* was *adequate*.

Provider-to-Provider Follow-up Appointments

Provider-ordered follow-up appointments are key elements of a properly functioning health care system. CAL usually performed well with these appointments; however, we found a pattern of significant deficiencies suggesting that CAL did not reliably provide these appointments during the review period:

- In case 10, a provider requested a follow-up appointment for 30 days, but the appointment occurred in 68 days (38 days late).
- In case 18, a provider requested that the patient follow up in two to three weeks, but the appointment occurred in six weeks (three weeks late).
- In case 21, a provider requested that the patient follow up in 30 days, but the appointment occurred in 61 days (31 days late).

RN Sick Call Access

CAL performed well with sick call access. The institution scheduled most sick call appointments timely. We reviewed 53 sick call events and identified only one significant deficiency:

- In case 19, the patient complained of increased pain and swelling of the right knee. The sick call nurse did not evaluate the patient within one business day. Instead, the nurse saw the patient four days later.

RN-to-Provider Referrals

CCHCS policy requires sick call nurses to refer patients to a provider when their condition requires a higher level of assessment. CAL performed well with this requirement. RN-to-provider appointments occurred timely and as scheduled. Of the 17 occurrences when a RN referred the patient to a provider, we found two deficiencies:

- In case 19, the nurse contacted the provider who gave instructions to have the patient follow up with the provider in 30 days. The nurse failed to order the follow-up appointment.

- In case 46, the RN requested a provider appointment in 14 days; however, the appointment occurred in 21 days (7 days late).

RN Follow-up Appointments

CAL performed well with scheduling and completing RN appointments generated by providers or other nurses. The majority occurred within the time frames specified; however, there was one significant deficiency:

- In case 22, the provider requested the patient to follow up with an RN in 14 days to recheck his blood pressure, but the appointment did not occur.

Intra-System Transfers

CAL performed acceptably with ensuring timely provider appointments for patients who transferred in from another CDCR facility. Of the five patients reviewed who transferred into CAL, the OIG identified one significant deficiency:

- In case 27, the patient arrived from another institution, and the RN requested a provider follow-up appointment in 7 days; however, the appointment occurred in 28 days (21 days late).

Follow-up After Hospitalization

CDCR providers should see patients returning from a hospitalization within a time frame that ensures patient safety and optimal clinical outcomes, but in no case, no later than five days from the discharge date. CAL performed well with these appointments. OIG clinicians reviewed

hospital returns, and the follow-up appointments occurred timely with the exception of a single minor delay in case 21.

Specialized Medical Housing

CAL providers completed history and physical examinations timely for all patients newly admitted to the OHU patients and saw them regularly. The OIG observed no deficiencies in this category.

Access to Specialty Services

OIG clinicians found that most specialty appointments took place within the requested time frames.

Provider Follow-Up After Specialty Service Visits

CCHCS policy requires that providers evaluate all patients within 14 days after a routine specialty service visit. CAL performed well with these appointments; there were only three minor delays.

Follow-up After Urgent/Emergent Care

CAL performed well in scheduling provider follow-ups after patients visited the TTA for urgent concerns. All reviewed appointments occurred within the required time frame.

Clinician Onsite Inspection

During the onsite visit, clinic nurses reported seeing approximately 10 patients each day in the RN clinics, and providers reported seeing 12 to 15 patients each day. Each of the four clinics had an office technician who attended the daily clinic huddle and coordinated with the providers to ensure that they scheduled important follow-up appointments reliably. The office technicians reported there were no provider or nursing appointment backlogs. CAL managers reported that the institution's implementation of the new EHRS caused some of the delayed access we found in our testing.

Case Review Conclusion

CAL usually performed acceptably with *Access to Care,* as the office technicians ensured that a majority of the provider, nursing, and specialty appointments occurred timely. During the onsite inspection, we observed no appointment backlogs. Even so, we found evidence that the institution had experienced difficulty with provider access during our case review period. Taken altogether, however, the OIG clinicians rated this indicator *adequate*.

Compliance Testing Results

The institution performed in the *inadequate* range, with a score of 73.6 percent in the *Access to Care* indicator. The following tests earned scores in the *inadequate* range:

- We reviewed recent appointments for 25 patients with chronic care conditions and found that 17 of them (68.0 percent) received timely provider follow-up appointments. Eight patients received chronic care appointments between 1 and 103 days late (MIT 1.001).

- Provider visits occurred for 10 of 23 patients who either transferred into CAL with a pre-existing chronic care condition requiring follow-up appointment or who received a referral upon arriving to the institution (43.5 percent). For five patients, provider appointments occurred from 8 to 218 days late. For the remaining eight patients, a provider's follow-up appointment did not occur at all (MIT 1.002).

- Among 11 health care services request forms sampled whereby nursing staff referred the patient for a provider appointment, eight patients (72.7 percent) received their appointments in a timely manner. Three patients received their appointments from 5 to 13 days late (MIT 1.005).

- Of the six applicable sampled patients whom nurses referred to a provider and for whom the provider subsequently ordered follow-up appointments, three (50.0 percent) received their follow-up appointments timely. One patient received his follow-up appointment two days late; and for the remaining two patients, a provider's follow-up never occurred (MIT 1.006).

- Of 25 sampled patients, 18 (72.0 percent) who received a high-priority appointment or routine specialty services also received timely provider follow-up appointments. Of those seven patients who did not receive timely follow-up appointments, two patients' high-priority specialty service follow-up appointments were 10 and 14 days late; and five patients' routine specialty service follow-up appointments were 2 to 60 days late (MIT 1.008).

Two tests received scores in the *adequate* range:

- We tested 25 patients discharged from a community hospital to determine whether they received a provider follow-up appointment at CAL within five calendar days of their return to the institution. Of these 25 patients, 19 (76.0 percent) received their provider follow-up appointments in a timely manner. Six patients received their appointments from 1 to 42 days late (MIT 1.007).

- Patients had access to health care services request forms at five of six housing units inspected (83.3 percent). One housing unit did not have any health care services request forms (CDCR Form 7362) available for patients' use (MIT 1.101).

Two tests received scores in the *proficient* range:

- Nurses reviewed all 30 patients' health care services request forms on the same day they collected them (MIT 1.003).

- Nurses completed timely face-to-face triage encounters for 29 of the 30 health care services request forms (96.7 percent). For one patient, the face-to-face triage was one day late (MIT 1.004).

---

2 — *DIAGNOSTIC SERVICES*

Case Review Rating:
Proficient
Compliance Score:
Adequate
(78.1%)
Overall Rating:
Adequate

This indicator addresses whether CAL provided timely radiology and laboratory services to patients, whether primary care providers timely reviewed the results, and whether providers communicated the results to patients within the required time frame. For pathology services, the OIG determines whether the institution received a final pathology report and whether the provider timely reviewed and communicated the pathology results to the patient. In addition, case reviewers evaluate the appropriateness of the diagnostic test(s) and of the clinical response to the results.

For this indicator, the case review and compliance review processes yielded different results, with the case review giving a *proficient* rating and the compliance testing resulting in an *adequate* score. The main reason for the lower compliance score was that staff did not consistently retrieve pathology reports, and providers did not timely communicate those results to their patients. Because CAL showed room for improvement with its pathology report retrieval processes and due to these reports' clinical importance, we assigned an overall rating for this indicator of *adequate*.

Case Review Results

OIG clinicians reviewed 72 events in diagnostic services and found two deficiencies, only one of which was significant. The case review rating for *Diagnostic Services* was *proficient*.

Test Completion

CAL demonstrated it had an effective laboratory process, with staff completing their laboratory tests timely. CAL also had an effective diagnostic procedure process, completing most X-rays, ultrasounds, CT scans, and MRI scans timely. We found no deficiencies in this area.

Health Information Management

CAL staff timely retrieved and scanned most laboratory reports and diagnostic procedure reports into the medical record. We found one minor deficiency, a late provider endorsement of a diagnostic report, and one significant deficiency as described below:

- In case 14, staff did not retrieve or scan a pathology report into the medical record.

Clinician Onsite Inspection

CAL assigned dedicated phlebotomists to the main clinics to ensure timely laboratory blood draws. CAL also demonstrated an effective tracking process to ensure timely completion and report retrieval for diagnostic tests.

Case Review Conclusion

CAL completed its laboratory and other diagnostic tests timely, and retrieved and scanned the reports into the medical record promptly. The OIG clinicians rated *Diagnostic Services* at CAL *proficient.*

Compliance Testing Results

The institution received an *adequate* compliance score of 78.1 percent in the *Diagnostic Services* indicator, which encompasses radiology, laboratory, and pathology services. For clarity, we discuss each type of diagnostic service separately below:

Radiology Services

- CAL timely performed radiology services for all ten sampled patients (MIT 2.001). Providers timely reviewed the corresponding diagnostic services reports for eight of the ten patients (80.0 percent); for one patient, the provider reviewed the diagnostic report one day late; and for the other patient, the provider did not review the report at all (MIT 2.002). Providers timely communicated test results to all ten patients (MIT 2.003).

Laboratory Services

- Eight of ten sampled patients (80.0 percent) received their provider-ordered laboratory services timely. For two patients, the institution provided laboratory services 6 and 14 days late (MIT 2.004). Providers then timely reviewed eight of ten laboratory services reports (80.0 percent); for two reports, providers reviewed them between 4 and 15 days late (MIT 2.005). Finally, providers timely communicated the results to eight of the ten patients (80.0 percent); for the other two patients, providers communicated their results 4 and 15 days late (MIT 2.006).

Pathology Services

- The institution timely received the final pathology report for seven of ten sampled patients (70.0 percent). For one patient, the institution received the report 26 days late; and for two patients, the institution did not obtain the final pathology reports (MIT 2.007). Providers timely reviewed the pathology results for seven of eight patients (87.5 percent). In the one exception, the provider documented evidence of review one day late (MIT 2.008). Providers timely communicated the final pathology results to only two of the eight sampled patients (25.0 percent). For four patients, providers communicated the pathology results between two and eight days late; and for the remaining two patients, providers did not communicate the results at all (MIT 2.009).

3 — *EMERGENCY SERVICES*

Case Review Rating:
Adequate
Compliance Score:
Not Applicable
Overall Rating:
Adequate

An emergency medical response system is essential to providing effective and timely emergency medical response, assessment, treatment, and transportation 24 hours per day. Provision of urgent/emergent care is based on a patient's emergency situation, clinical condition, and need for a higher level of care. The OIG reviews emergency response services including first aid, basic life support (BLS), and advanced cardiac life support (ACLS) consistent with the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care, and the provision of services by knowledgeable staff appropriate to each individual's training, certification, and authorized scope of practice.

The OIG evaluates this quality indicator entirely through clinicians' reviews of case files and conducts no separate compliance testing element.

Case Review Results

We reviewed 18 applicable cases, which yielded 27 urgent/emergent events. We found 21 deficiencies, most of which were minor and did not affect patient care. However, there was one significant deficiency in case 5. We rated the *Emergency Services* indicator *adequate*.

CPR Response

In the emergency medical response cases we reviewed, custody staff promptly notified medical staff and began CPR. First medical responders (FMRs) arrived on the scene timely, after which custody officers and nurses worked cooperatively to continue to deliver effective CPR.

Provider Performance

CAL providers performed well during urgent and emergent situations. They made good assessments and triaged their patients appropriately. We found only one deficiency wherein a provider did not record a progress note describing a TTA patient encounter (case 11).

Nursing Performance

CAL nurses usually made appropriate assessments and interventions, and notified providers promptly. However, we observed a pattern of deficiencies that demonstrated room for improvement in these areas. These deficiencies occurred in cases 4, 15, 18, 19, 20, and 22. The following examples illustrate some of these concerns:

- In case 4, the patient was unresponsive, not breathing, and did not have a pulse. Medical staff performed CPR. The FMR administered oxygen at a moderate flow rate instead of a

high flow rate, potentially limiting the amount of oxygen that was delivered to the patient's brain. Fortunately, the patient started breathing on his own.

- In case 20, the patient complained of nausea and vomiting. The provider ordered a medication to help control the patient's symptoms. The nurse administered the medication, but did not reassess the patient's response to the medication.

- In case 22, the patient complained of severe abdominal pain. The nurse noted that the patient had abdominal tenderness, but did not specify which part of the abdomen was tender. Additionally, the nurse did not obtain the patient's blood pressure reading or temperature.

Nursing Documentation

Without proper documentation, health care staff often miss changes in their patients' conditions, resulting in lapses in care. Nursing documentation was problematic for CAL emergency services. The OIG clinicians identified numerous documentation and timeline discrepancies in the 18 cases we reviewed. Often, the nurses failed to record the data from the automated external defibrillator (the AED, a portable device that can automatically diagnose life-threatening cardiac arrhythmias and can deliver an electric shock as a treatment to regulate the heart rate) or note the time when the AED delivered electric shocks. Additionally, the nurses did not document the amount of oxygen administered to the patients. Furthermore, nurses recorded their intervention times inaccurately, creating timeline discrepancies in the sequence of events (e.g., the time at which a nurse administered medications). Documentation deficiencies occurred in cases 1, 3, 6, 7, 8, 9, 15, 18, 19, and 22.

We also identified one significant deficiency related to a missing emergency document:

- In case 5, staff started CPR. However, the CPR record was missing from the medical record. We also discuss this case in the *Health Information Management* indicator.

Emergency Medical Response Review Committee

The Emergency Medical Response Review Committee (EMRRC) met regularly and discussed emergency events. The EMRRC's performance was acceptable, but the committee did not identify or discuss the minor deficiencies that we identified in cases 3 and 8 concerning the documentation and timeline discrepancies.

Clinician Onsite Inspection

During our onsite visit, we observed that the TTA patient care area had two medical beds. Both sufficient space and ample supplies were available to provide emergent medical care. A provider was available for immediate consultation in emergency situations. Two RNs worked in the TTA. The nurses reported having good rapport and a collaborative working relationship with custody staff.

Case Review Conclusion

CAL usually provided acceptable urgent and emergent care. However, the nurses demonstrated room for improvement in their assessments and documentation. We rated the *Emergency Services* indicator *adequate*.

---

4 — *HEALTH INFORMATION MANAGEMENT*

Case Review Rating:
Proficient
Compliance Score:
Proficient
(89.6%)

Overall Rating:
Proficient

Health information management is a crucial link in the delivery of medical care. Medical personnel require accurate information in order to make sound judgments and decisions. This indicator examines whether the institution adequately manages its health care information. This includes determining whether the information is correctly labeled and organized and available in the electronic medical record; whether the various medical records (internal and external, e.g., hospital and specialty reports and progress notes) are obtained and scanned timely into the patient's electronic medical record; whether records routed to clinicians include legible signatures or stamps; and whether hospital discharge reports include key elements and are timely reviewed by providers.

During the OIG's testing period, CAL had converted to the new EHRS in June 2017; therefore, about half of testing occurred in the EHRS and the other half in the electronic unit health record (eUHR).

Case Review Results

During the Cycle 5 case review, OIG clinicians reviewed 724 clinical events and identified five health information management deficiencies, only two of which were significant. OIG clinicians rated the institution's *Health Information Management* indicator *proficient.*

Interdepartmental Transmission

We did not find any problems when staff transmitted health information among the different medical departments within the institution.

Hospital Records

OIG clinicians reviewed 18 offsite emergency department and hospital visits. CAL timely retrieved, reviewed, and scanned the offsite records into the medical record. There were no deficiencies.

Missing Documents (Progress Notes and Forms)

CAL scanned nearly all of its nursing and provider progress notes into the medical record. After the institution transitioned to the EHRS, providers and nurses recorded their care directly into the electronic medical record. We identified only two missing documents, one of which was significant:

- In case 5, the patient lost consciousness, and CAL staff started CPR and brought him to the TTA; however, the institution lost the CPR record and failed to scan it into the medical record.

Laboratory, Diagnostic, and Pathology Reports

CAL usually retrieved and scanned laboratory results, diagnostic procedures, and pathology reports into the medical records. We discussed CAL's performance in this area in the *Diagnostic Services* indicator.

Specialty Services Reports

CAL timely retrieved and scanned specialty services reports into the medical record. We found no deficiencies in this area.

Legibility

Providers and nurses dictated most progress notes, and legibility was good.

Scanning Performance

CAL performed well with scanning and correctly labeling documents. OIG clinicians identified only two minor deficiencies related to mislabeled dates for two documents.

Clinician Onsite Inspection

Medical records staff retrieved and scanned medical records as soon as they received them. X-ray, ultrasound, computed tomography (CT) scan, magnetic resonance imaging (MRI) scan, and bone scan reports were stored in a separate database and did not require scanning into the medical record; providers reviewed and acknowledged these reports in their progress notes.

Case Review Conclusion

We identified only rare health information deficiencies in the case reviews and rated the CAL *Health Information Management* indicator *proficient.*

Compliance Testing Results

The institution scored in the *proficient* range with a score of 89.6 percent in the *Health Information Management* indicator. The following tests were *proficient*:

- The institution timely scanned all 12 sampled non-dictated health care documents into the patients' electronic medical records (MIT 4.001).
- CAL scored 100 percent for timely scanning the one applicable dictated or transcribed provider progress note into the patient's electronic medical record (MIT 4.002).
- Staff scanned 18 of 20 specialty service consultant reports into the patient's electronic medical records within five calendar days (90.0 percent). Two documents were scanned 1 and 12 days late (MIT 4.003).

- Among 25 sampled patients admitted to a community hospital and who then returned to the institution, CAL providers timely reviewed 23 patients' corresponding hospital discharge reports within three calendar days of each patient's discharge (92.0 percent). For the other two patients, the provider reviewed the hospital discharge report one day late (MIT 4.007).

One test received an *adequate* score:

- CAL timely scanned 17 of 20 community hospital discharge reports or treatment records into patients' electronic medical records (85.0 percent); three reports were scanned from one to six days late (MIT 4.004).

One test received an *inadequate* score:

- The institution scored 70.8 percent in labeling and filing documents scanned into patients' electronic medical records. For this test, once the OIG identifies 24 mislabeled or misfiled documents, the maximum points are lost, and the resulting score is zero. For this inspection, we identified seven mislabeled documents (MIT 4.006).

5 — *HEALTH CARE ENVIRONMENT*

This indicator addresses the general operational aspects of the institution's clinics, including certain elements of infection control and sanitation, medical supplies and equipment management, the availability of both auditory and visual privacy for patient visits, and the sufficiency of facility infrastructure to conduct comprehensive medical examinations. The OIG rates this component entirely on the compliance testing results from the visual observations inspectors make at the institution during their onsite visit. There is no case review portion.

Case Review Rating:
Not Applicable
Compliance Score:
Inadequate
(57.7%)

Overall Rating:
Inadequate

Compliance Testing Results

The institution received scores in the *inadequate* range in the following seven tests:

- Only one of ten clinic locations (10.0 percent) met compliance requirements for essential core medical equipment and supplies. The remaining nine clinics were missing one or more functional pieces of properly calibrated core equipment or other medical supplies necessary to conduct a comprehensive examination. The missing items included an examination table and disposable paper, a standard Snellen eye examination chart, a biohazard receptacle or bag, lubricating jelly, tongue depressors, a peak flow meter and tips, and a nebulization unit. In addition, a weight scale did not have current calibration stickers (MIT 5.108).

- Inspectors examined emergency medical response bags (EMRBs) to determine if they were inspected daily, inventoried monthly, and whether they contained all essential items. EMRBs were compliant in only two of the seven clinical locations where they were stored (28.6 percent). Our inspectors observed one or more deficiencies at five clinics: staff did not inventory the EMRB within the past 30 days; and the EMRB oxygen tank was empty, or the valve key to turn on the oxygen was missing (*Figure 1*) (MIT 5.111).

Figure 1: Gauge showing the empty status of the EMRB oxygen tank

- Clinicians followed good hand hygiene practices in only three of ten clinics (30.0 percent). At seven clinic locations, clinicians failed to wash their hands before or after patient contact or before applying gloves (MIT 5.104).

- Only three of ten clinic examination rooms observed (30.0 percent) had appropriate space, configuration, supplies, and equipment to allow clinicians to perform proper clinical examinations. In seven clinics, one or more deficiencies were identified: examination room furniture had cracks that could harbor an infectious agent; examination tables had torn vinyl covers (*Figure 2*); patients lacked visual privacy because they were examined directly across from the triage station, and no privacy screen was available; examination rooms had insufficient space; and patients could not lie fully extended on the examination table due to physical obstructions present in the room (MIT 5.110).

Figure 2: Torn vinyl cover on examination table

- Only four of the ten clinics inspected followed adequate medical supply storage and management protocols (40.0 percent). At six clinics, one or more of the following deficiencies were observed: medical supplies were stored with germicidal wipes or disinfectant agents; clinics stored expired medical supplies; clinic staff stored food items in the medical cabinet location; and medical supplies were not clearly identifiable (MIT 5.107).

- When inspecting the institution's protocols to mitigate exposure to blood-borne pathogens and contaminated waste, we found six of ten clinics (60.0 percent) compliant. Clinical staff in four clinics did not have nearby access to personal protective equipment (MIT 5.105).

- Clinical health care staff at six of nine applicable clinics (66.7 percent) ensured that reusable invasive and non-invasive medical equipment was properly sterilized or disinfected. Three clinics did not properly process, package, or store previously sterilized instruments (MIT 5.102).

One test received a score in the *adequate* range:

- Clinic common areas in eight of ten clinics (80.0 percent) had environments conducive to providing medical services. The location of triage and blood draw stations in two clinics compromised patients' auditory privacy (MIT 5.109).

Three tests received scores in the *proficient* range:

- Staff appropriately cleaned, disinfected, and sanitized all ten sampled clinics (MIT 5.101).
- Nine of ten clinic locations inspected (90.0 percent) had operable sinks and sufficient quantities of hand hygiene supplies in the examination areas. However, one clinic's patient restroom did not have any antiseptic soap (MIT 5.103).
- The non-clinic bulk medical supply storage areas met the supply management process and support needs of the medical health care program (MIT 5.106).

Non-Scored Results

The OIG gathered information to determine whether the institution's physical infrastructure was maintained in a manner that supported health care management's ability to provide timely or adequate health care. The OIG does not score this question.

- OIG inspectors interviewed health care managers, and they did not identify any significant concerns. At the time of the OIG's medical inspection, CAL had several significant infrastructure projects underway, which included increasing clinic space at four yards, adding a new administrative segregation unit primary care clinic, creating additional space for central health services, and expanding the health care administration area. These projects were scheduled to start in the spring of 2018 with the exception of the health care administration area, which started in the fall of 2017. The institution estimated that these projects would be completed between early 2018 and early 2020 (MIT 5.999).

6 — *INTER- AND INTRA-SYSTEM TRANSFERS*

Case Review Rating:
Inadequate
Compliance Score:
Inadequate
(72.8%)
Overall Rating:
Inadequate

This indicator focuses on the management of patients' medical needs and continuity of patient care during the inter- and intra-system transfer process. The patients reviewed for this indicator include those received from, as well as those transferring out to, other CDCR institutions. The OIG review includes an evaluation of the institution's ability to provide and document health screening assessments, initiation of relevant referrals based on patient needs, and the continuity of medication delivery to patients arriving from another institution. For those patients, the OIG clinicians also review the timely completion of pending health appointments, tests, and requests for specialty services. For patients who transfer out of the institution, the OIG evaluates the ability of the institution to document transfer information that includes pre-existing health conditions, pending appointments, tests and requests for specialty services, medication transfer packages, and medication administration prior to transfer. The OIG clinicians also evaluate the care provided to patients returning to the institution from an outside hospital and check to ensure appropriate implementation of the hospital assessment and treatment plans.

Case Review Results

We reviewed 40 inter- and intra-system transfer events, including information from both the sending and receiving institutions. These included 18 hospitalizations and outside emergency room events, each of which resulted in a transfer back to the institution. There were ten deficiencies, four of which were significant. The significant deficiencies were related to the transfer-in process.

Transfers In

The OIG clinicians reviewed five transfer-in cases; one of which was a direct admission into the OHU. CAL's transfer-in process was problematic as we found improper record reviews, incomplete nursing assessments (case 9), poor medication continuity (cases 26 and 27), and delays in provider and specialty appointments (case 27):

- In case 9, the patient had seizures and high blood pressure. Before he transferred into CAL, the patient had low blood levels of seizure medication and significantly high blood pressure. The provider from the sending institution ordered a seizure medication-level laboratory test and ordered the nurses to obtain a blood pressure check in two weeks. When the patient transferred into CAL, the receiving nurse did not review the pending laboratory test or the orders for the blood pressure check. Six weeks later, medical staff found the patient unconscious in his cell and transferred him to a community hospital due to persistent seizures that were unresponsive to medications.

- In case 26, medical staff admitted the newly arrived patient directly to the OHU. The nurse noted that the patient arrived without his rescue inhaler, but the patient did not receive his inhaler until the following day. The patient should have received his inhaler on the same day he arrived.

- In case 27, the patient with inflammatory bowel disease transferred into CAL without his medications, one of which he was taking four times a day. The provider mistakenly prescribed the medications to start the next day, but should have prescribed them to start on the day the patient arrived. The nurses should have temporarily administered the medications from the after-hours medication cabinet until the pharmacy dispensed the new prescription. The patient missed three doses, which was a lapse in medication continuity.

- Also in case 27, the patient had an overdue gastroenterologist specialty follow-up appointment. The patient should have seen a provider within seven days of arrival at CAL. Instead, that appointment occurred in 28 days. During that appointment, the provider did not realize that the patient had an overdue specialty follow-up. This oversight resulted in a lapse in care, as the patient did not see the gastroenterologist until three months later.

Transfers Out

The transfer-out process was satisfactory. We reviewed five cases in which patients transferred out to other CDCR institutions. One of the cases reviewed was a direct transfer out of the OHU. Most of the nurses performed face-to-face evaluations and educated patients about the transfer process a few days before the transfer. The nurses instructed the patients not to pack their medications with their property, but instead, to bring their medications to R&R the day of the transfer. Despite this process, one deficiency occurred as described below:

- In case 30, the OHU licensed vocational nurse (LVN) completed the transfer-out process. Even though the LVN saw the patient before transfer, the patient transferred without his rescue inhaler. Patients must keep their rescue inhalers with them at all times in case they have trouble breathing during the transfer. The LVN should have notified the RN to ensure that the institution properly implemented the transfer process. The RN, who is more qualified to assess these patients' needs, should have completed the transfer instead of the LVN.

Hospitalizations

Patients returning from hospitalizations are some of the highest-risk encounters due to two factors. First, these patients are usually hospitalized for a severe illness or injury. Second, they are at risk due to potential lapses in care that can occur during any transfer.

CAL performed acceptably in the 18 events reviewed wherein the patient returned from a hospital or emergency department. In each event, CAL scheduled a provider follow-up within five days, the staff retrieved the hospital discharge summaries, and the providers reviewed and

signed them. When the patients returned to CAL, the nurses usually performed appropriate assessments and interventions, and provided the right type of education to their patients. However, the nurses did not consistently perform well in this area. We observed a pattern of deficiencies in which nurses made incomplete and inaccurate nursing assessments; these deficiencies occurred in cases 15, 19, and 20:

- In case 15, the patient returned from the hospital with a diagnosis of inflammatory bowel disease and complained of severe abdominal pain. The nurse noted that the patient had bowel sounds, but did not indicate if the patient's abdomen was flat, distended, soft, or firm. Additionally, the nurse did not examine the abdomen for tenderness. The nurse should have established a baseline examination to help determine if the patient's condition improved or worsened over time.

- In case 19, the patient returned from the hospital after having brain surgery to remove a tumor. The nurse assessed the patient and recorded a normal head examination. However, this assessment could not have been reflective of the patient's actual condition since the patient just had brain surgery, had a surgical site, and had wound dressings that precluded a normal examination. The patient also had a scalp dressing over the surgical site, and the nurse should have indicated if the dressing was dry, intact, and clean.

- In case 20, the patient returned from the hospital with a diagnosis of a right knee infection; the nurse did not describe the appearance of the knee or evaluate the patient's gait.

Clinician Onsite Inspection

We met with medical, nursing, and pharmacy managers to discuss some of the case review findings. CAL reported that some of the deficiencies were related to the roll-out of the new EHRS, which affected multiple operational processes such as scheduling and documentation. The institution reported that its staff's timeliness in delivering medication for inter-system transfer patients had improved since the case review period. In addition, the nurses received additional training regarding the transfer process.

Case Review Conclusion

Although CAL performed acceptably for patients transferring out of the institution and for patients returning from the hospitals, the institution experienced significant difficulty with patients transferring into the institution. CAL staff did not carefully consider their patients' medical needs when they arrived at the institution, resulting in lapses in care. This represents an area for CAL to target to improve its quality of health care. We rated the *Inter- and Intra-System Transfers* indicator *inadequate*.

Compliance Testing Results

The institution scored in the *inadequate* range for this indicator, with a score of 72.8 percent. The following test received a score of *inadequate*:

- CAL scored zero when the OIG tested two patients who transferred out of CAL during the onsite inspection to determine whether the patients' transfer packages included required medications and related documentation. Both transfer packages were missing the medication administration records and the transfer checklist (MIT 6.101).

Two tests received scores in the *adequate* range:

- For 21 of 25 sampled patients who transferred into CAL from other institutions (84.0 percent), nurses completed an Initial Health Screening form (CDCR Form 7277) on the same day the patients arrived. For four patients, nurses neglected to answer all applicable questions and did not document a complete set of vital signs (MIT 6.001).

- We tested 20 patients who transferred out of CAL to another CDCR institution to determine whether staff at CAL listed their scheduled specialty service appointments on the Health Care Transfer Information form (CDCR Form 7371). Nurses listed the scheduled appointments for 16 of 20 sampled patients (80.0 percent). For four patients, nurses failed to document the pending specialty service appointments on the CDCR Form 7371 (MIT 6.004).

Two tests received *proficient* scores:

- Nurses timely completed the assessment and disposition sections of the screening form for all 17 applicable patients (MIT 6.002).

- The two patients who transferred to CAL from other CDCR institutions with existing medication orders requiring nurses to issue or administer medications to them upon their arrival received their medications timely (MIT 6.003).

7 — *PHARMACY AND MEDICATION MANAGEMENT*

Case Review Rating:
Adequate
Compliance Score:
Inadequate
(58.4%)
Overall Rating:
Adequate

This indicator is an evaluation of the institution's ability to provide appropriate pharmaceutical administration and security management, encompassing the process from the written prescription to the administration of the medication. By combining both a quantitative compliance test with case review analysis, this assessment identifies issues in various stages of the medication management process, including ordering and prescribing, transcribing and verifying, dispensing and delivering, administering, and documenting and reporting. Because effective medication management is affected by numerous entities across various departments, this assessment considers internal review and approval processes, pharmacy, nursing, health information systems, custody processes, and actions taken by the prescriber, staff, and patient.

For this indicator, the case review and compliance review processes yielded different results, with the case review assigning an *adequate* rating and the compliance review resulting in an *inadequate* score. In both case review and compliance testing, we found the institution administered medications to its patients appropriately. However, our compliance testing revealed poor performance in the institution's observed medication practices, storage controls, and pharmacy protocols. Nevertheless, because those deficiencies did not directly place patients at risk of harm, we rated this indicator *adequate* overall.

Case Review Results

We evaluated 83 events related to medication administration and found 11 deficiencies, 6 of which were significant. Significant deficiencies occurred in cases 13, 15, 17, 20, 26, and 27. The case review rating for this indicator was *adequate*.

Medication Continuity

CAL performed sufficiently with chronic care medication continuity. In the majority of the cases reviewed, the patients received their medications without delay, except in cases 13 and 17:

- In case 13, the patient submitted a request for glaucoma eye drop medication refills. The medication nurse documented that the prescription for the medication had expired, and the patient needed to see the provider or an RN. However, the clinic failed to schedule the appointment and did not communicate the information to the provider or the RN. A week later, the patient submitted two additional requests for the same medication refill. The medication nurse sent a message to the pharmacy requesting a refill. Pharmacy staff replied that they would send out the medication the same day; however, the patient received the medication one month later. This lapse in medication continuity placed the patient at risk for eye complications.

- In case 17, the patient had a pituitary tumor and low pituitary hormone levels. When the patient's hormonal medication prescription was about to expire, the provider renewed it; however, the patient did not receive the medication until three weeks later. This lapse in medication continuity placed the patient at risk for a hormonal imbalance.

CAL also did not consistently ensure medication continuity for patients transferring from community hospitals or transferring from other institutions (cases 20, 26, and 27). These patients experienced a lapse in medication continuity, which increased their risk for medical complications. We discuss these cases further in the *Inter- and Intra-System Transfers* indicator.

Medication Administration

CAL performed satisfactorily with medication administration. Patients usually received their self-administered and nurse-administered medications timely and as prescribed. However, there was one significant deficiency in which the nurse administered the wrong medication:

- In case 15, the patient had a history of nausea and vomiting. The provider requested the administration of intravenous (IV) normal saline solution; however, the nurse administered the wrong concentration of the IV solution. Fortunately, the error did not result in any harm.

Pharmacy Errors

We found no deficiencies in this area.

Clinician Onsite Inspection

We met with the pharmacist and nursing management to discuss our case review findings. CAL reported that some of the deficiencies were related to the institution implementing the new EHRS, and its staff being unfamiliar with how and where to document the record of their care. When we interviewed the medication nurses, however, they were knowledgeable regarding medication preparation, and administration processes and procedures.

Case Review Conclusion

CAL performed satisfactorily with chronic care medication continuity, but sometimes had problems with ensuring medication continuity for patients who transferred into the institution or returned from the hospital. We rated the *Pharmacy and Medication Management* indicator *adequate.*

Compliance Testing Results

The institution received a score of 58.4 percent in the *Pharmacy and Medication Management* indicator. For discussion purposes below, this indicator is divided into three sub-indicators: medication administration, observed medication practices and storage controls, and pharmacy protocols.

Medication Administration

For this sub-indicator, the institution received a *proficient* score of 87.2 percent. The following tests received scores in the range of *proficient*:

- CAL patients timely received chronic care medications for 14 of 15 samples the OIG reviewed (93.3 percent). One patient did not receive all ordered medications or receive required counseling for missed doses (MIT 7.001).

- Clinical staff timely provided new and previously prescribed medications to 22 of 25 sampled patients who had been discharged from a community hospital and returned to the institution (88.0 percent). Two patients received their medications one and two days late, and for one patient, the provider did not order the medications within the required time frame (MIT 7.003).

- CAL ensured that 22 of 23 sampled patients (95.7 percent) received their medications without interruption when they transferred from one housing unit to another. For one patient, nurses did not document a reason for the patient's refusal of his medication (MIT 7.005).

One test received a score in the *inadequate* range:

- CAL timely administered or delivered new medication orders to 18 of the 25 sampled patients (72.0 percent). For four patients, nurses administered medications one to two days late, and for the other three patients, nurses failed to document whether patients received or refused the medications (MIT 7.002).

Observed Medication Practices and Storage Controls

The institution scored 44.4 percent in this sub-indicator, with the following tests scoring in the *inadequate* range:

- The institution demonstrated proper security controls for narcotic medications in four of the eight applicable clinic and medication line locations where narcotics were stored (50.0 percent). In four clinics, we observed one or more of the following deficiencies: the narcotics logbook revealed, on multiple occasions, a controlled substance inventory was not performed by two licensed nurses; the medication area did not store narcotic medications under double-lock control; and the narcotics logbook revealed several occasions when disposal of controlled substances was not performed by two licensed nurses. In addition, we found a discrepant narcotic inventory when we counted narcotic medications in one medication room (MIT 7.101).

- CAL safely stored non-refrigerated, non-narcotic medications in four of the ten applicable clinics and medication line storage locations (40.0 percent). In six locations, we observed one or more of the following deficiencies: the medication area lacked a designated area for

return-to-pharmacy medications; oral and topical medications were not properly separated when stored; medication rooms and cabinets were unlocked; and a crash cart log showed on several occasions that staff were not checking the security lock on a daily basis (MIT 7.102).

- Refrigerated, non-narcotic medications were safely stored in only one of the ten clinics and medication line storage locations (10.0 percent). In nine locations, we observed one or more of the following deficiencies: the medication area lacked a designated area for return-to-pharmacy refrigerated medications; and medication refrigerators were unlocked (MIT 7.103).

- We observed the medication preparation and administration processes at six applicable medication line locations. Nurses were compliant regarding proper hand hygiene and contamination control protocols at three locations (50.0 percent). At three locations, some nurses did not wash or sanitize their hands prior to putting on gloves or before re-gloving (MIT 7.104).

- Only one of six inspected medication preparation and administration areas demonstrated appropriate administrative controls and protocols (16.7 percent). In five locations, we observed one or more of the following deficiencies: patients waiting to receive their medications did not have sufficient outdoor cover to protect them from heat or inclement weather; medication nurses did not distribute medications to patients within the required time frame; medication nurses did not always ensure patients swallowed direct observation therapy medications; we observed a medication nurse electronically signing the medication administration record (MAR) prior to preparing and administering medications; and medication nurses did not disinfect previously opened multi-use insulin vials before withdrawing and administering medication (MIT 7.106).

One test received a *proficient* score:

- Nurses at all six of the inspected medication line locations employed appropriate administrative controls and followed appropriate protocols during medication preparation (MIT 7.105).

Pharmacy Protocols

CAL scored 52 percent in this sub-indicator, with the following tests scoring in the *inadequate* range:

- In its main pharmacy, the institution did not follow general security protocols. Specifically, the sliding door to the controlled substances storage area was left unlocked. As a result, the institution scored zero in this test (MIT 7.107).

- The institution's pharmacist-in-charge (PIC) did not properly account for narcotic medications stored in CAL's pharmacy or review monthly inventories of controlled

substances in the institution's clinical and medication line storage locations. As a result, the institution received a score of zero in this test. Also, the PIC did not review several medication area inspection checklists (MIT 7.110).

- The institution's PIC followed required protocols for 15 of the 25 medication error reports and monthly statistical reports reviewed (60.0 percent). For five medication error reports, the PIC reported the monthly error statistical report for November 2016 one business day late. In addition, the PIC completed two of the five medication follow-up reports three business days late. For five other reports, the PIC did not share the monthly medication error statistical report with the local pharmacy and therapeutics committee, and other applicable improvement committees for December 2016 (MIT 7.111).

The following two tests received scores of *proficient*:

- In its main pharmacy, the institution properly stored and monitored non-narcotic medications that required refrigeration and those that did not (MIT 7.108, 7.109).

Non-Scored Tests

- In addition to the OIG's testing of reported medication errors, inspectors follow up on any significant medication errors found during compliance testing to determine whether the institution properly identified and reported errors. The OIG provides those results for information purposes only. At CAL, the OIG did not find any applicable medication errors (MIT 7.998).

- The OIG tested patients in isolation units to determine whether they had immediate access to their prescribed keep-on-person (KOP) asthma rescue inhalers. All ten applicable patients interviewed indicated they had access to their asthma rescue inhalers (MIT 7.999).

8 — *PRENATAL AND POST-DELIVERY SERVICES*

This indicator evaluates the institution's capacity to provide timely and appropriate prenatal, delivery, and postnatal services to pregnant patients. This includes the ordering and monitoring of indicated screening tests, follow-up visits, referrals to higher levels of care, e.g., high-risk obstetrics clinic, when necessary, and postnatal follow-up.

As CAL does not have female patients, this indicator does not apply.

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable
Overall Rating:
Not Applicable

9 — *PREVENTIVE SERVICES*

This indicator assesses whether the institution offered or provided various preventive medical services to patients. These include cancer screenings, tuberculosis screenings, and influenza and chronic care immunizations. This indicator also assesses whether certain institutions take preventive actions to relocate patients identified as being at higher risk for contracting coccidioidomycosis (valley fever).

Case Review Rating:
Not Applicable
Compliance Score:
Proficient
(86.5%)
Overall Rating:
Proficient

The OIG rates this indicator entirely through the compliance testing component; the case review process does not include a separate qualitative analysis for this indicator.

Compliance Testing Results

The institution scored in the *proficient* range for this indicator at 86.5 percent. The following three tests were in the *proficient* range:

- We found that 29 of 30 (96.7 percent) sampled patients received annual TB screenings. For one patient, the nurse failed to provide the TB screening during his birth month (MIT 9.003).

- CAL offered annual influenza vaccinations to 24 of 25 sampled patients, subject to the annual screening requirement (96.0 percent). For one patient, the nurse failed to document if the patient received or refused the influenza vaccine (MIT 9.004).

- All 25 sampled patients either had a normal colonoscopy within the past ten years or were offered a colorectal cancer screening in the past year (MIT 9.005).

Two tests received *adequate* scores:

- CAL scored 83.3 percent for administering timely anti-TB medications to patients with the disease. Out of 12 sampled patients, 10 received their medications timely. One patient received an incomplete TB treatment; and we identified three compliance deviations for the other patient (MIT 9.001).

- We tested whether patients who suffered from chronic care conditions were offered vaccinations for influenza, pneumonia, and hepatitis. At CAL, 11 of 13 sampled patients (84.6 percent) received all recommended vaccinations at required intervals. For two patients, the institution failed to document whether the patients had received or refused a pneumovax vaccination within the past five years or a hepatitis vaccination (MIT 9.008).

One test received a score of *inadequate*:

- We reviewed CAL's monitoring of 12 sampled patients who received TB medications and noted that the institution was in compliance for 7 of them (58.3 percent). For five patients, the institution either failed to complete monitoring at all required intervals or failed to document weight changes (MIT 9.002).

---

10 — *QUALITY OF NURSING PERFORMANCE*

Case Review Rating:
Adequate
Compliance Score:
Not Applicable
Overall Rating:
Adequate

The *Quality of Nursing Performance* indicator is a qualitative evaluation of the institution's nursing services. The evaluation is completed entirely by OIG nursing clinicians within the case review process and does not have a score under the OIG compliance testing component. Case reviews include face-to-face encounters and indirect activities performed by nurses on behalf of the patient. Review of nursing performance includes all nursing services performed onsite, such as outpatient, inpatient, urgent/emergent, patient transfers, care coordination, and medication management. The key focus areas for the evaluation of nursing care include appropriateness and timeliness of patient triage and assessment, identification and prioritization of health care needs, use of the nursing process to implement interventions, and accurate, thorough, and legible documentation. Although the OIG reports nursing services provided in specialized medical housing units in the *Specialized Medical Housing* indicator, and those provided in the TTA or related to emergency medical responses in the *Emergency Services* indicator, this *Quality of Nursing Performance* indicator summarizes all areas of nursing services.

Case Review Results

We reviewed 269 nursing encounters, 119 of which were in the outpatient setting. Most outpatient nursing encounters were for sick call requests, walk-in visits, and RN follow-up visits. In all, we identified 80 deficiencies related to nursing care performance, 9 of which were significant. The case review rating for this indicator was *adequate*.

Nursing Assessment

A major part of providing appropriate nursing care involves the quality of nursing assessment, which includes both subjective (patient interview) and objective (evaluation and observation) portions. Most of the nurses included both elements in their nursing assessments. Although the nurses usually provided appropriate care, we identified a pattern of deficiencies of incomplete or missing outpatient nursing assessments in 15 of 37 cases. Most of these deficiencies were minor and unlikely to contribute to patient harm, except for the following:

- In case 19, the patient complained of increased right knee pain and swelling. The nurse did not palpate the patient's pulse behind the knee or assess for numbness and tingling. Additionally, the nurse did not evaluate the patient's leg strength or his gait.

- In case 37, the patient complained that his hives had returned after the provider stopped his medication. Hives is a possible indication of an allergic reaction, which in severe cases, can affect a person's breathing. The nurse did not listen to the patient's lungs.

- In case 44, the patient complained that he had a painful lump on his chest. The nurse did not examine the patient, but instead deferred assessment until the patient saw the surgeon. Independent assessment is a key responsibility of every medical clinician to ensure that a patient is evaluated and treated appropriately when the patient's condition changes. Failure to independently assess patients can lead to lapses in care.

Nursing Interventions and Implementation

Most of the nurses provided appropriate and timely interventions based on their assessments. The nurses followed the nursing protocols to implement appropriate interventions. Most nurses followed providers' orders, but there were minor exceptions in cases 15 and 27. In both cases, the provider prescribed liquid nutritional supplements, but the nurses did not issue them. One significant deficiency occurred in the following case:

- In case 36, the patient complained that he had suffered from an abdominal rash for two weeks. He reported applying cream to the rash, but it was not working. The nurse diagnosed a fungal infection on his abdomen and issued a medication that, according to the nursing protocol, was authorized only for fungal foot infections. The nurse should have referred the patient to the provider. Additionally, the nurse did not ask the patient which cream he had been using on the rash. Furthermore, the nurse did not obtain the patient's temperature during the visit.

Nursing Documentation

Complete and accurate nursing documentation is another essential component of patient care. Without proper documentation, health care staff often miss changes in patients' health conditions, resulting in lapses in care. Also, improper documentation makes it difficult for staff to determine their patients' current health care status.

Overall, nursing documentation was good in all areas except for emergency services. Of the 18 cases reviewed for emergency services, 10 had documentation deficiencies. We discussed these cases further in the *Emergency Services* indicator. For outpatient nursing, the minor documentation deficiencies occurred in cases 17, 19, 21, 36, and 40.

Nursing Sick Call

We reviewed 53 sick call requests. Most nurses triaged the patients timely, saw patients with symptoms within one business day, and made acceptable nursing assessments and interventions. The average clinic nurse saw ten patients per day, and there was no appointment backlog. However, we did observe a pattern of deficiencies in which the nurses did not order follow-up appointments:

- In case 36, the patient complained of an abdominal rash and received treatment. The nurse recorded a plan for an RN follow-up in 14 days. However, the appointment did not occur, because the nurse did not order the appointment.

- In case 38, the patient complained of athlete's foot and shoulder pain, and received treatment. The nurse documented that the plan was to follow up with the RN in seven days. However, the appointment did not occur, because the nurse did not order the appointment.

- In case 41, the patient complained that his current treatment for bumps on his neck was not working. The nurse recorded a plan to follow up with the provider, but did not specify a time frame. However, the appointment did not occur because the nurse did not order the appointment. The patient paroled a month later.

Urgent/Emergent Care

Both the nurses in the TTA and the FMR provided appropriate assessment and interventions to patients during emergency medical responses. However, nursing documentation was problematic in 10 of the 18 cases reviewed. We also discussed nursing performance in this area in the *Emergency Services* indicator.

Care Management

LVN care coordinators provided suitable care. CAL assigned a care coordinator to each clinic. The care coordinators' main responsibilities were to educate chronic care patients and to perform TB screenings, electrocardiograms (EKGs), immunizations, blood pressure checks, and wound care. The LVNs also issued medical supplies and health care equipment as ordered. Only two minor deficiencies occurred, neither of which were likely to contribute to patient harm.

Post-Hospital Returns

CAL nurses provided acceptable nursing assessments, interventions, and education for patients returning from the hospital. However, we discerned a pattern wherein nurses did not fully complete their assessments. We also discussed nursing performance in this area in the *Inter- and Intra-System Transfers* indicator.

Specialized Medical Housing

OHU nurses did not always complete their assessments. In four of the nine cases reviewed, the nurses made incomplete assessments or did not perform them at all. We discuss this performance further in the *Specialized Medical Housing* indicator.

Intra-System Transfers

The transfer-in process was problematic. Nurses did not reliably review the records or often made incomplete assessments. Our clinicians observed lapses in medication continuity, and the

provider and specialty appointments did not occur timely. We also discussed nursing performance in this area in the *Inter- and Intra-System Transfer* indicator.

Offsite Specialty Services Returns and Telemedicine

CAL's nurses provided appropriate nursing care for patients returning from offsite specialty and telemedicine appointments. Most of the nurses made appropriate nursing assessments, reviewed specialists' recommendations properly, and communicated pertinent information to providers. We identified only minor deficiencies that were unlikely to contribute to patient harm.

Clinician Onsite Inspection

We spoke with various nurses in several clinical areas, including the TTA, OHU, R&R, specialty, utilization management, and the outpatient clinics. During our onsite inspection, the prison was on lockdown due to a custody-related issue. Custody officers explained that the yard was still on a modified program from the previous day. They also reported that all patients would be escorted to their appointments and would still be seen as scheduled. There were no delays resulting from the modified program.

One particularly well-run meeting was the morning huddle. The huddles were organized and facilitated by the RN. The team consisted of the provider, SRN, RN, primary care LVN, care coordinator LVN, medication LVN, psychiatric technician, office technician, and a custody officer. The RN followed a standardized huddle script and discussed the following items: new arrivals, TTA visits, hospital admissions and discharges, and patients whose prescriptions were expiring. CAL innovatively leveraged technology to improve the effectiveness of their morning huddles. The team reviewed the huddle report on a large-screen monitor, so every team member could follow along and participate. Also, three team members had access to computers to efficiently research patient-related questions and implement decisions in real time. Whenever the provider had a question about a patient's medications, the nurse researched the information on the computer. If anyone asked questions about patient appointments, the office technician researched the patient's appointment history and could schedule an appointment immediately. CAL's organization of the morning huddles resulted in efficient discussion and swift resolution of any patient issues that arose. We also discuss CAL's impressive huddle performance from a provider perspective in the *Quality of Provider Performance* indicator.

Case Review Conclusion

Although CAL's nurses usually provided acceptable nursing care, we observed several areas in which the institution could improve. We found the following issues: sick call nurses made incomplete assessments, sick call nurses did not reliably enter orders for provider follow-up appointments, R&R nurses did not carefully review records, R&R nurses made incomplete assessments, R&R nurses did not ensure medication continuity, and TTA nurses recorded poor quality documentation. Despite these concerns, because CAL's nursing care was generally sufficient overall, the OIG clinicians rated the *Quality of Nursing Performance* indicator *adequate*.

---

11 — *QUALITY OF PROVIDER PERFORMANCE*

In this indicator, the OIG physicians provide a qualitative evaluation of the adequacy of provider care at the institution. The case review clinicians review the provider care regarding appropriate evaluation, diagnosis, and management plans for programs including, but not limited to, nursing sick call, chronic care programs, TTA, specialized medical housing, and specialty services.

OIG physicians alone assess provider care. There is no compliance testing component associated with this quality indicator.

Case Review Rating:
Proficient
Compliance Score:
Not Applicable
Overall Rating:
Proficient

Case Review Results

We reviewed 121 medical provider encounters and identified five deficiencies related to provider performance. Of those five deficiencies, two were significant. OIG physicians performed 20 detailed case reviews. We rated 19 cases *adequate* and 1 case *inadequate*. The one *inadequate* case was not related to poor provider performance. Due to CAL providers' strong overall performance, we rated the *Quality of Provider Performance* indicator *proficient*.

Assessment and Decision-Making

Providers usually made appropriate assessments and documented sound decisions. However, there were two deficiencies in assessment or decision-making in case 10; one of which was significant as described below:

- In case 10, the patient's laboratory tests showed poorly controlled diabetes. A provider reviewed the results, but did not schedule a follow-up appointment. Two months later, the patient asked for help because he felt disoriented. Medical staff found that he had a dangerously high blood glucose level.

Review of Records

In most cases, providers properly reviewed their patients' records, especially when the patients returned from a hospital or specialist appointment. Insufficient record review errors occurred in only two cases (23 and 27), one of which was significant as described below:

- In case 23, the specialist recommended that the provider prescribe eye drops for the patient's glaucoma (elevated eye pressure); however, our clinicians found no indication that the provider prescribed the medication.

Emergency Care

CAL providers were readily available for consultation with the TTA nurses when patients presented emergently to the TTA. CAL providers made excellent decisions during emergent events. We found only one minor deficiency in case 11.

Chronic Care

CAL providers performed well in managing chronic medical conditions such as hypertension, hyperlipidemia, asthma, hepatitis C infection, and seizure disorder. CAL providers might improve their practice of diabetic care, because we noted two deficiencies, one of which we considered significant. We discussed this concern on the previous page under the Assessment and Decision-Making heading of this indicator.

Specialty Services

CAL providers performed extremely well in this area. When their patients required specialty care, the providers made appropriate specialty referrals and requested them within the correct time frame. The providers also timely reviewed specialty reports. We observed only one significant deficiency, which we further discuss in the *Specialty Services* indicator.

Specialized Medical Housing

Providers completed their rounds for OHU patients timely, and made appropriate assessments and sound decisions. We did not identify any provider deficiencies for this area.

Health Information Management

CAL providers recorded their patient encounters timely. Providers dictated most progress notes, and the few handwritten notes were legible. We found only one minor deficiency in case 11.

Clinician Onsite Inspection

At the time of our second onsite inspection, there were no provider vacancies at the institution. The providers were enthusiastic about their work and satisfied with the institution's nursing, diagnostic, and specialty services. CAL assigned each provider to one clinic to enhance the continuity of care. Providers saw approximately 12 to 15 patients per day.

The morning huddles were innovative, efficient, and paperless. As we discussed in the *Quality of Nursing Performance* indicator, the lead nurse conducted the morning huddle and displayed the huddle agenda on a large-screen monitor. The care teams appropriately discussed patients who required care in the TTA, who had returned from the hospital, or who had recently arrived at CAL. Nurses accessed these patients' electronic medical records immediately, so the provider could review them during the huddle and implement care plans straight away. When the medication nurse informed the provider of an expiring prescription, the provider immediately renewed it without any delay. Likewise, the clinic team collaboratively reviewed laboratory

results and patient appointments, and quickly resolved any patient care issues. We also discussed the institution's huddle performance from a nursing perspective in the *Quality of Nursing Performance* indicator.

Case Review Conclusion

CAL providers performed well across multiple aspects of patient care, including emergency care, chronic care, hospital returns, and specialized medical housing. We rated the *Quality of Provider Performance* indicator *proficient.*

12 — *RECEPTION CENTER ARRIVALS*

Case Review Rating:
Not Applicable
Compliance Score:
Not Applicable
Overall Rating:
Not Applicable

This indicator focuses on the management of medical needs and continuity of care for patients arriving from outside the CDCR system. The OIG review includes evaluation of the ability of the institution to provide and document initial health screenings, initial health assessments, continuity of medications, and completion of required screening tests; address and provide significant accommodations for disabilities and health care appliance needs; and identify health care conditions needing treatment and monitoring. The patients reviewed for reception center cases are those received from non-CDCR facilities, such as county jails.

CAL does not have a reception center; therefore, this indicator does not apply.

13 — *SPECIALIZED MEDICAL HOUSING*

This indicator addresses whether the institution follows appropriate policies and procedures when admitting patients to onsite inpatient facilities, including completion of timely nursing and provider assessments. The case review assesses all aspects of medical care related to these housing units, including quality of provider and nursing care. The outpatient housing unit (OHU) is the only specialized medical housing at CAL.

Case Review Rating:
Adequate
Compliance Score:
Proficient
(93.3%)

Overall Rating:
Adequate

For this indicator, the case review and compliance review processes yielded different results, with the case reviewers assigning an *adequate* rating and the compliance testing resulting in a *proficient* score. In the case reviews, nursing performance in the OHU was substandard. This poor nursing performance was offset by very good provider performance, resulting in appropriate overall care. In addition, only four compliance tests were available, and these only marginally represented the quality of patient care. Therefore, we heavily relied upon the case review rating for the overall rating of this indicator, which was *adequate*.

Case Review Results

The institution had 18 OHU beds, two of which were in negative pressure rooms capable of housing patients who needed respiratory isolation. We reviewed nine cases in which CAL staff cared for OHU patients. These cases yielded 31 provider and 58 nursing events. We found 25 deficiencies, 6 of which were significant, occurring in cases 1, 2, 15, 19, 23, and 28. The case review rating for this indicator was *adequate*.

Provider Performance

CAL's OHU providers properly cared for their patients. They completed rounds for their patients promptly, and made proper assessments and sound decisions. We found only one significant provider deficiency:

- In case 23, the specialist recommended eye drops for the patient's glaucoma, but the provider did not prescribe the medication. This lapse placed the patient at risk for possible vision impairment. We also discussed this case in the *Quality of Provider Performance* indicator.

Nursing Performance

Nursing performance in the OHU was subpar in five of the nine cases reviewed. In many cases, the OHU nurses' assessments were incomplete. Nurses often did not assess their patients' specific complaints or notify the provider when they could not carry out an order. We found this pattern of nursing deficiencies in cases 1, 2, 15, 19, and 28:

- In case 1, the patient was involved in a physical altercation that resulted in facial fractures, swollen eyes and nose, and blurred vision. Although the provider ordered neurological assessments, the nurses did not correctly perform them. The nurses made incomplete assessments or did not assess the patient at the appropriate intervals.

- In case 2, the patient recently had a tube placed and removed from his chest due to a collapsed lung. When the patient returned from the hospital, the provider ordered an incentive spirometer (a device used to help prevent lung collapse). The nurse recorded that the incentive spirometer was unavailable, but failed to notify the provider. This error placed the patient at risk for respiratory complications.

- In case 15, the patient complained of abdominal pain, knee pain, and swollen feet. The nurse did not examine the patient's abdomen, knees, or feet.

- Also in case 15, the provider ordered IV fluids. However, the nurse administered the wrong concentration of IV fluids. We also discussed this case in the *Pharmacy and Medication Management* indicator.

- In case 19, the patient had a brain tumor removed and complained of headache. The nurse did not evaluate the patient's neurological status. For patients with headache and recent brain surgery, nurses must perform proper neurological evaluations for proper patient care. Nurses must establish the patient's neurological baseline status to help determine if the patient's medical condition improves or worsens.

- In case 28, the patient recently had surgical hardware removed from his ankle, and medical staff admitted to him to the OHU due to his poor mobility. The patient complained of severe ankle pain, but the nurse did not examine his ankle, assess his ankle for range of motion, or evaluate his lower extremity strength or gait.

In addition to their poor assessments, the OHU nurses also failed to properly transfer patients into and out of the OHU. We discussed these cases (26 and 30) in which the OHU nurses made transfer errors in the *Inter- and Intra-System Transfers* indicator.

Clinician Onsite Inspection

During the onsite visit, patients occupied 12 of the 18 available beds. CAL assigned one provider to the OHU. CAL also assigned one RN during the day shift and one LVN during the evening and night shifts. The TTA RN served as backup and support for the OHU LVN during the evenings and nights when the institution did not schedule an RN in the OHU. We believed that CAL staffed the OHU with enough nurses to deliver proper nursing care in the OHU. The OIG clinicians met with nursing managers to discuss some of the case review findings. These managers agreed to retrain their staff to perform complete assessments. The managers also implemented corrective action plans to ensure the availability of incentive spirometers.

Case Review Conclusion

Nurses in the OHU demonstrated substandard performance. On the one hand, in most of the cases we reviewed, OHU nurses made either incomplete assessments or no assessment at all. On the other hand, OHU providers cared diligently for their patients, overcoming the deficient nursing practices and delivering proper care to their patients. Our OIG experts rated the overall level of care in the *Specialized Medical Housing* indicator *adequate.*

Compliance Testing Results

The institution received a score of 93.3 percent in this indicator. Two tests earned scores in the *proficient* range:

- When the OIG tested whether providers completed their Subjective, Objective, Assessment, Plan, and Education (SOAPE) notes at required three-day intervals, providers completed timely SOAPE notes for all seven sampled patients (MIT 13.003).

- When inspectors observed the working order of sampled call buttons in OHU patient rooms, inspectors found all working properly. In addition, according to staff members interviewed, custody officers and clinicians were able to expeditiously access patients' locked rooms when emergent events occurred (MIT 13.101).

One test received a score of *adequate*:

- Nurses completed an initial assessment on the day the patient was admitted to the OHU for eight of ten sampled patients (80.0 percent). For one patient, the nurse did not document an initial assessment; and for the other patient, the nurse did not complete a timely initial assessment (MIT 13.001).

14 — *SPECIALTY SERVICES*

Case Review Rating:
Proficient
Compliance Score:
Proficient
(89.1%)
Overall Rating:
Proficient

This indicator focuses on specialist care from the time a physician completes a request for services or a physician's order for specialist care to the time of receipt of related recommendations from specialists. This indicator also evaluates the providers' timely review of specialist records and documentation reflecting the patients' care plans, including the course of care when specialist recommendations were not ordered, and whether the results of specialists' reports are communicated to the patients. For specialty services denied by the institution, the OIG determines whether the denials are timely and appropriate, and whether the provider updates the patient on the plan of care.

Case Review Results

The OIG clinicians reviewed 124 events related to S*pecialty Services*, which included 81 specialty consultations and procedures, and 34 nursing encounters. We found only six deficiencies, one of which was significant. The case review rating for *Specialty Services* was *proficient.*

Access to Specialty Services

CAL performed extremely well with scheduling all specialty appointments timely, and ensuring those appointments occurred within the time frames requested by the referring providers. We found no deficiencies in this area.

Nursing Performance

We reviewed 34 events in which nurses assessed patients when they returned from their specialty appointments. The nurses made good patient assessments, reviewed the specialists' findings and recommendations, and communicated those results to the provider. Nurses educated their patients appropriately. Only four minor nursing deficiencies were found related to specialty services.

Provider Performance

We found that providers generally referred patients to specialists appropriately. When their patients returned from their specialty appointments, the providers diligently addressed the specialists' recommendations. We noted only one significant exception in case 23, which we discussed in the *Quality of Provider Performance* and the *Specialized Medical Housing* indicators.

Health Information Management

CAL performed admirably in this area. The institution retrieved, labeled, and scanned all specialty reports into the medical record timely. We observed only one minor deficiency in case 26 related to a mislabeled date of a specialty report.

Clinician Onsite Inspection

The specialty and utilization management nurses were exceedingly familiar with their patient population, responsibilities, and duties. They used the messaging center in the EHRS extensively to maintain ongoing communication with providers. Both nurses reported having many years of experience serving in their current positions.

Case Review Conclusion

CAL medical staff completed all specialty appointments timely, and retrieved, labeled, and scanned nearly all specialty reports properly. Providers then reviewed the specialty recommendations and acted on them appropriately. CAL performed exceptionally well with *Specialty Services*, and we rated this indicator *proficient*.

Compliance Testing Results

The institution received a score of 89.1 percent in this indicator, with the following five tests scoring in the *proficient* range:

- For 14 of 15 sampled patients (93.3 percent), high-priority specialty services appointments occurred within 14 calendar days of the provider's order; however, one patient received his specialty service one day late (MIT 14.001).

- Providers timely received and reviewed the high-priority specialists' reports for 14 of the 15 sampled patients (93.3 percent). For one patient, the provider reviewed the report eight days late (MIT 14.002).

- For all 15 sampled patients, routine specialty service appointments occurred within 90 calendar days of the provider's order (MIT 14.003).

- CAL's health care management denied specialty service requests for nine sampled patients. In each instance, the denial occurred timely. Additionally, providers timely informed their patients of the denials so that they could consider alternate treatment options (MIT 14.006, 14.007).

One test earned a score in the *adequate* range:

- Providers timely received and reviewed the routine specialists' reports for 10 of the 13 sampled patients (76.9 percent). Two reports were reviewed 13 and 31 days late. For the third report, the provider did not review it at all (MIT 14.004).

One test received an *inadequate* score:

- Of 20 applicable sampled patients who transferred to CAL with an approved specialty service, 12 of them (60.0 percent) received it within the required time frame. The remaining eight sampled patients received their services late or did not receive them at all: seven patients received their approved specialty services between 2 and 84 days late; and one patient never received his services (MIT 14.005).

15 — *ADMINISTRATIVE OPERATIONS (SECONDARY)*

Case Review Rating:
Not Applicable
Compliance Score:
Adequate
(84.8%)
Overall Rating:
Adequate

This indicator focuses on the institution's administrative health care oversight functions. The OIG evaluates whether the institution promptly processes patient medical appeals and addresses all appealed issues. Inspectors also verify that the institution follows reporting requirements for adverse/sentinel events and patient deaths. The OIG verifies that the Emergency Medical Response Review Committee (EMRRC) performs required reviews and that staff perform required emergency response drills. Inspectors also assess whether the Quality Management Committee (QMC) meets regularly and adequately addresses program performance. For those institutions with licensed facilities, inspectors also verify that required committee meetings are held. In addition, the OIG examines whether the institution adequately manages its health care staffing resources by evaluating whether job performance reviews are completed as required; specified staff possess current, valid credentials and professional licenses or certifications; nursing staff receive new employee orientation training and annual competency testing; and clinical and custody staff have current emergency medical response certifications. The *Administrative Operations* indicator is a secondary indicator; therefore, it was not relied on for the institution's overall score.

Compliance Testing Results

The institution earned a score of 84.8 percent in this indicator with multiple tests receiving scores in the *proficient* range:

- CAL's QMC met monthly, evaluated program performance, and took action when management identified areas for improvement opportunities (MIT 15.003).
- CAL took adequate steps to ensure the accuracy of its Dashboard data reporting (MIT 15.004).
- We inspected incident package documentation for 12 emergency medical responses reviewed by CAL's EMRRC during the prior six-month period and found all 12 sampled packages complied with policy (MIT 15.005).
- Based on a sample of ten second-level medical appeals, the institution's responses addressed all of the patients' appealed issues (MIT 15.102).
- All ten sampled nurses who administered medications possessed current clinical competency validations, and all nurses hired within the past year timely received new employee orientation training (MIT 15.105, 15.111).

- All providers at the institution were current with their professional licenses. Similarly, all nurses and the PIC were current with their professional licenses and certification requirements (MIT 15.107, 15.109).

- All active-duty providers and nurses were current with their emergency response certifications (MIT 15.108).

- All pharmacy staff and providers who prescribed controlled substances had current Drug Enforcement Agency registrations (MIT 15.110).

Three tests received *adequate* scores:

- The institution promptly processed 9 of the 12 patient medical appeals (75.0 percent) during the most recent 12-month period. Of the three months with more than five percent of medical appeals in overdue status, the percentages ranged from 6 to 13 percent (MIT 15.001).

- Medical staff reviewed and timely submitted the Initial Inmate Death Report (CDCR Form 7229A/7229B) to CCHCS' Death Review Unit for five of six cases tested, resulting in a score of 83.3 percent. The CEO or CME did not initial or sign the CDCR Form 7229A for one patient (MIT 15.103).

- We examined records to determine whether nursing supervisors were completing the required number of monthly case reviews for subordinate nurses, as well as discussing the results of those reviews with them, and noted that four of five sampled nurse supervisors properly completed their reviews (80.0 percent). For one nurse, the supervisor did not complete the required number of nursing reviews (MIT 15.104).

Two tests received scores in the *inadequate* range:

- The institution did not meet the emergency response drill requirements for the most recent quarter for all three watches, resulting in a score of zero. More specifically, we found the following forms incomplete in the institution's drill packages: the First Medical Responder-Data Collection Tool (CDCR Form 7463), the Triage and Treatment Flow Sheet (CDCR Form 7464), and the Medical Report of Injury or Unusual Occurrence Form (CDCR Form 7219), which did not comply with CCHCS policy (MIT 15.101).

- Two of six CAL providers had a proper clinical performance appraisal completed by their supervisors (33.3 percent). The four other providers did not have either timely or properly completed appraisals, including the following: one provider's supervising physician utilized the incorrect form for an annual review; and for three providers, a clinical appraisal was completed, but the supervising physician did not discuss the results with the provider (MIT 15.106).

Non-Scored Results

- The OIG gathered non-scored data regarding the completion of death review reports. CCHCS' Death Review Committee (DRC) did not timely complete its death review summary for any of the six deaths that occurred during the OIG's inspection period. The DRC is generally required to complete a death review summary within either 30 or 60 days of death (depending on whether the death was expected or unexpected) and then notify the institution's CEO of the review results within seven calendar days so that any needed corrective action may be promptly pursued. For five patient deaths, the committee completed its summary 36 to 132 days late (96 to 192 days after death), and the institution's CEO was notified of the results 35 to 134 days late. For the one remaining patient death, the DRC completed the death review summary 84 days late, but we found no evidence in the medical record that the CEO received notification within the required time frame (MIT 15.998).

- We discuss the institution's health care staffing resources in the *About the Institution* section of this report (MIT 15.999).

RECOMMENDATIONS

The OIG recommends the following:

- The chief nurse executive (CNE) should implement training for the triage and treatment area (TTA) and first medical responder nurses regarding documentation, timeline accuracy, and proper nursing assessment due to problems the institution's nurses demonstrated in the emergency services case reviews. Specifically, the CNE should choose the nursing assessments of patients' gastrointestinal conditions as a target for improved care.

- The CNE should implement a quality improvement program to evaluate and monitor the various transfer-in processes due to errors identified during our case reviews. The CNE should focus on improving the receiving nurses' performance and ensuring prompt provider appointments. The CNE should audit and track newly arrived patients' pending diagnostic tests and specialty referrals to ensure that CAL provides those needed services without incurring lapses in care.

- The CNE should improve its methods for evaluating the quality of care provided by nurses who assess sick call patients and those who assess new patients transferring in from other facilities due to the various concerns we identified in these areas during our inspection.

- The CNE should revamp the way the institution appraises the performance of the OHU nurses. Nursing care was substandard in the majority of OHU cases we reviewed.

- CCHCS should examine CAL's well-run morning huddle process and consider the feasibility of replicating it statewide.

POPULATION-BASED METRICS

The compliance testing and the case reviews give an accurate assessment of how the institution's health care systems are functioning with regard to the patients with the highest risk and utilization. This information is vital to assess the capacity of the institution to provide sustainable, adequate care. However, one significant limitation of the case review methodology is that it does not give a clear assessment of how the institution performs for the entire population. For better insight into this performance, the OIG has turned to population-based metrics. For comparative purposes, the OIG has selected several Healthcare Effectiveness Data and Information Set (HEDIS) measures for disease management to gauge the institution's effectiveness in outpatient health care, especially chronic disease management.

The Healthcare Effectiveness Data and Information Set is a set of standardized performance measures developed by the National Committee for Quality Assurance with input from over 300 organizations representing every sector of the nation's health care industry. It is used by over 90 percent of the nation's health plans as well as many leading employers and regulators. HEDIS was designed to ensure that the public (including employers, the Centers for Medicare and Medicaid Services, and researchers) has the information it needs to accurately compare the performance of health care plans. Healthcare Effectiveness Data and Information Set data is often used to produce health plan report cards, analyze quality improvement activities, and create performance benchmarks.

Methodology

For population-based metrics, the OIG used a subset of HEDIS measures applicable to the CDCR patient population. Selection of the measures was based on the availability, reliability, and feasibility of the data required for performing the measurement. The OIG collected data utilizing various information sources, including the electronic medical record, the Master Registry (maintained by CCHCS), as well as a random sample of patient records analyzed and abstracted by trained personnel. Data obtained from the CCHCS Master Registry and Diabetic Registry was not independently validated by the OIG and is presumed to be accurate. For some measures, the OIG used the entire population rather than statistically random samples. While the OIG is not a certified HEDIS compliance auditor, the OIG uses similar methods to ensure that measures are comparable to those published by other organizations.

Comparison of Population-Based Metrics

For Calipatria State Prison, nine HEDIS measures were selected and are listed in the following *CAL Results Compared to State and National HEDIS Scores* table. Multiple health plans publish their HEDIS performance measures at the state and national levels. The OIG has provided selected results for several health plans in both categories for comparative purposes.

Results of Population-Based Metric Comparison

Comprehensive Diabetes Care

For chronic care management, the OIG chose measures related to the management of diabetes. Diabetes is the most complex common chronic disease requiring a high level of intervention on the part of the health care system in order to produce optimal results. CAL performed well with its management of diabetes.

When compared statewide, CAL outperformed Medi-Cal in all five diabetic measures. The institution outperformed Kaiser North in four of the five diabetic measures, with CAL scoring lower in blood pressure control. The institution outperformed Kaiser South in three of the five diabetic measures, with CAL scoring lower score in blood pressure control and diabetic eye examinations.

When compared nationally, CAL outperformed Medicaid and commercial plans in all five diabetic measures. The institution also outperformed Medicare in four of the five diabetic measures, with CAL scoring slightly lower in diabetic eye examinations. CAL outperformed the United States Department of Veterans Affairs (VA) in two of the four applicable measures, with CAL scoring lower in blood pressure control and diabetic eye examinations.

Immunizations

Comparative data for immunizations was only fully available for the VA and partially available for Kaiser, commercial plans, and Medicare. Regarding administering influenza vaccinations to younger adults, CAL scored lower than all health care plans except commercial plans and Medicaid. When administering influenza vaccinations to older adults, CAL had a 100 percent immunization rate, higher than both Medicare and the VA, the two health care plans with available data for this clinical measure. Regarding administering pneumococcal vaccines to older adults, CAL also scored 100 percent, higher than Medicare and the VA.

Cancer Screening

With respect to colorectal cancer screening, CAL scored higher than all health care plans.

Summary

CAL performed well in the clinical measures tested compared to the other health care plans reviewed. The institution may improve its scores for colorectal cancer screenings by reducing patient refusals through educating patients on the benefits of these preventive services.

CAL Results Compared to State and National HEDIS Scores

Clinical Measures	California				National			
	CAL Cycle 5 Results[1]	HEDIS Medi-Cal 2017[2]	HEDIS Kaiser (No. CA) 2016[3]	HEDIS Kaiser (So. CA) 2016[3]	HEDIS Medicaid 2017[4]	HEDIS Com-mercial 2017[4]	HEDIS Medicare 2017[4]	VA Average 2016[5]
Comprehensive Diabetes Care								
HbA1c Testing (Monitoring)	**100%**	87%	94%	94%	87%	91%	94%	99%
Poor HbA1c Control (>9.0%)[6, 7]	**11%**	38%	20%	23%	43%	33%	26%	18%
HbA1c Control (<8.0%)[6]	**82%**	52%	70%	63%	47%	56%	63%	-
Blood Pressure Control (<140/90)[6]	**68%**	63%	83%	83%	60%	62%	64%	76%
Eye Exams	**69%**	57%	68%	81%	55%	54%	70%	89%
Immunizations								
Influenza Shots - Adults (18–64)	**49%**	-	56%	57%	39%	48%	-	52%
Influenza Shots - Adults (65+)[6]	**100%**	-	-	-	-	-	71%	72%
Immunizations: Pneumococcal[6]	**100%**	-	-	-	-	-	74%	93%
Cancer Screening								
Colorectal Cancer Screening	**84%**	-	79%	82%	-	62%	67%	82%

1. Unless otherwise stated, data was collected in October 2017 by reviewing medical records from a sample of CAL's population of applicable patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.

2. HEDIS Medi-Cal data was obtained from the California Department of Health Care Services *Medi-Cal Managed Care External Quality Review Technical Report (July 1, 2016 – June 30, 2017)*.

3. Data was obtained from Kaiser Permanente November 2016 reports for the Northern and Southern California regions.

4. National HEDIS data for Medicaid, commercial plans, and Medicare was obtained from the 2017 *State of Health Care Quality Report*, available on the NCQA website: www.ncqa.org. The results for commercial plans were based on data received from various health maintenance organizations.

5. The Department of Veterans Affairs (VA) data was obtained from the VA's website, www.va.gov. For the Immunizations: Pneumococcal measure only, the data was obtained from the *VHA Facility Quality and Safety Report - Fiscal Year 2012 Data*.

6. For this indicator, the entire applicable CAL population was tested.

7. For this measure only, a lower score is better. For Kaiser, the OIG derived the Poor HbA1c Control indicator using the reported data for the <9.0% HbA1c control indicator.

APPENDIX A — COMPLIANCE TEST RESULTS

Calipatria State Prison Range of Summary Scores: 57.8% – 93.3%	
Indicator	**Compliance Score (Yes %)**
1 – ***Access to Care***	73.6%
2 – ***Diagnostic Services***	78.1%
3 – ***Emergency Services***	Not Applicable
4 – ***Health Information Management (Medical Records)***	89.6%
5 – ***Health Care Environment***	57.8%
6 – ***Inter- and Intra-System Transfers***	72.8%
7 – ***Pharmacy and Medication Management***	58.4%
8 – ***Prenatal and Post-Delivery Services***	Not Applicable
9 – ***Preventive Services***	86.5%
10 – ***Quality of Nursing Performance***	Not Applicable
11 – ***Quality of Provider Performance***	Not Applicable
12 – ***Reception Center Arrivals***	Not Applicable
13 – ***Specialized Medical Housing (OHU, CTC, SNF, Hospice)***	93.3%
14 – ***Specialty Services***	89.1%
15 – ***Administrative Operations***	84.8%

Reference Number	1 – *Access to Care*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
1.001	Chronic care follow-up appointments: Was the patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is shorter?	17	8	25	68.0%	0
1.002	For endorsed patients received from another CDCR institution: If the nurse referred the patient to a provider during the initial health screening, was the patient seen within the required time frame?	10	13	23	43.5%	2
1.003	Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received?	30	0	30	100.0%	0
1.004	Clinical appointments: Did the registered nurse complete a face-to-face visit within one business day after the CDCR Form 7362 was reviewed?	29	1	30	96.7%	0
1.005	Clinical appointments: If the registered nurse determined a referral to a primary care provider was necessary, was the patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter?	8	3	11	72.7%	19
1.006	Sick call follow-up appointments: If the primary care provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	3	3	6	50.0%	24
1.007	Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment within the required time frame?	19	6	25	76.0%	0
1.008	Specialty service follow-up appointments: Do specialty service primary care physician follow-up visits occur within required time frames?	18	7	25	72.0%	5
1.101	Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms?	5	1	6	83.3%	0
Overall percentage:					**73.6%**	

Reference Number	2 – *Diagnostic Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
2.001	Radiology: Was the radiology service provided within the time frame specified in the provider's order?	10	0	10	100.0%	0
2.002	Radiology: Did the primary care provider review and initial the diagnostic report within specified time frames?	8	2	10	80.0%	0
2.003	Radiology: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	10	0	10	100.0%	0
2.004	Laboratory: Was the laboratory service provided within the time frame specified in the provider's order?	8	2	10	80.0%	0
2.005	Laboratory: Did the primary care provider review and initial the diagnostic report within specified time frames?	8	2	10	80.0%	0
2.006	Laboratory: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	8	2	10	80.0%	0
2.007	Pathology: Did the institution receive the final diagnostic report within the required time frames?	7	3	10	70.0%	0
2.008	Pathology: Did the primary care provider review and initial the diagnostic report within specified time frames?	7	1	8	87.5%	2
2.009	Pathology: Did the primary care provider communicate the results of the diagnostic study to the patient within specified time frames?	2	6	8	25.0%	2
Overall percentage:					**78.1%**	

3 – *Emergency Services*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

Reference Number	4 – *Health Information Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
4.001	Are non-dictated healthcare documents (provider progress notes) scanned within 3 calendar days of the patient encounter date?	12	0	12	100.0%	0
4.002	Are dictated/transcribed documents scanned into the patient's electronic health record within five calendar days of the encounter date?	1	0	1	100.0%	0
4.003	Are High-Priority specialty notes (either a Form 7243 or other scanned consulting report) scanned within the required time frame?	18	2	20	90.0%	0
4.004	Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge?	17	3	20	85.0%	0
4.005	Are medication administration records (MARs) scanned into the patient's electronic health record within the required time frames?	Not Applicable				
4.006	During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files?	17	7	24	70.8%	0
4.007	For patients discharged from a community hospital: Did the preliminary hospital discharge report include key elements and did a primary care provider review the report within three calendar days of discharge?	23	2	25	92.0%	0
Overall percentage:					**89.6%**	

Reference Number	5 – *Health Care Environment*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
5.101	Are clinical health care areas appropriately disinfected, cleaned, and sanitary?	10	0	10	100.0%	0
5.102	Do clinical health care areas ensure that reusable invasive and non-invasive medical equipment is properly sterilized or disinfected as warranted?	6	3	9	66.7%	1
5.103	Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies?	9	1	10	90.0%	0
5.104	Does clinical health care staff adhere to universal hand hygiene precautions?	3	7	10	30.0%	0
5.105	Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste?	6	4	10	60.0%	0
5.106	Warehouse, Conex and other non-clinic storage areas: Does the medical supply management process adequately support the needs of the medical health care program?	1	0	1	100.0%	0
5.107	Does each clinic follow adequate protocols for managing and storing bulk medical supplies?	4	6	10	40.0%	0
5.108	Do clinic common areas and exam rooms have essential core medical equipment and supplies?	1	9	10	10.0%	0
5.109	Do clinic common areas have an adequate environment conducive to providing medical services?	8	2	10	80.0%	0
5.110	Do clinic exam rooms have an adequate environment conducive to providing medical services?	3	7	10	30.0%	0
5.111	Emergency response bags: Are TTA and clinic emergency medical response bags inspected daily and inventoried monthly, and do they contain essential items?	2	5	7	28.6%	3
Overall percentage:					**57.8%**	

Reference Number	6 – *Inter- and Intra-System Transfers*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
6.001	For endorsed patients received from another CDCR institution or COCF: Did nursing staff complete the initial health screening and answer all screening questions on the same day the patient arrived at the institution?	21	4	25	84.0%	0
6.002	For endorsed patients received from another CDCR institution or COCF: When required, did the RN complete the assessment and disposition section of the health screening form; refer the patient to the TTA, if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening?	17	0	17	100.0%	8
6.003	For endorsed patients received from another CDCR institution or COCF: If the patient had an existing medication order upon arrival, were medications administered or delivered without interruption?	2	0	2	100.0%	23
6.004	For patients transferred out of the facility: Were scheduled specialty service appointments identified on the patient's health care transfer information form?	16	4	20	80.0%	0
6.101	For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents?	0	2	0	0.0%	6
Overall percentage:					**72.8%**	

Reference Number	7 – *Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.001	Did the patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows?	14	1	15	93.3%	10
7.002	Did health care staff administer, make available, or deliver new order prescription medications to the patient within the required time frames?	18	7	25	72.0%	0
7.003	Upon the patient's discharge from a community hospital: Were all ordered medications administered, made available, or delivered to the patient within required time frames?	22	3	25	88.0%	0
7.004	For patients received from a county jail: Were all medications ordered by the institution's reception center provider administered, made available, or delivered to the patient within the required time frames?	Not Applicable				
7.005	Upon the patient's transfer from one housing unit to another: Were medications continued without interruption?	22	1	23	95.7%	0
7.006	For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption?	Not Applicable				
7.101	All clinical and medication line storage areas for narcotic medications: Does the Institution employ strong medication security over narcotic medications assigned to its clinical areas?	4	4	8	50.0%	3
7.102	All clinical and medication line storage areas for non-narcotic medications: Does the Institution properly store non-narcotic medications that do not require refrigeration in assigned clinical areas?	4	6	10	40.0%	1
7.103	All clinical and medication line storage areas for non-narcotic medications: Does the institution properly store non-narcotic medications that require refrigeration in assigned clinical areas?	1	9	10	10.0%	1
7.104	Medication preparation and administration areas: Do nursing staff employ and follow hand hygiene contamination control protocols during medication preparation and medication administration processes?	3	3	6	50.0%	5
7.105	Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when preparing medications for patients?	6	0	6	100.0%	5
7.106	Medication preparation and administration areas: Does the Institution employ appropriate administrative controls and protocols when distributing medications to patients?	1	5	6	16.7%	5

Reference Number	7 – *Pharmacy and Medication Management*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
7.107	Pharmacy: Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and satellite pharmacies?	0	1	0	0.0%	0
7.108	Pharmacy: Does the institution's pharmacy properly store non-refrigerated medications?	1	0	1	100.0%	0
7.109	Pharmacy: Does the institution's pharmacy properly store refrigerated or frozen medications?	1	0	1	100.0%	0
7.110	Pharmacy: Does the institution's pharmacy properly account for narcotic medications?	0	1	1	0.0%	0
7.111	Does the institution follow key medication error reporting protocols?	15	10	25	60.0%	0
Overall percentage:					**58.4%**	

8 – *Prenatal and Post-Delivery Services*

The institution had no female patients, so this indicator was not applicable.

Reference Number	9 – *Preventive Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
9.001	Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed?	10	2	12	83.3%	0
9.002	Patients prescribed TB medication: Did the institution monitor the patient monthly for the most recent three months he or she was on the medication?	7	5	12	58.3%	0
9.003	Annual TB Screening: Was the patient screened for TB within the last year?	29	1	30	96.7%	0
9.004	Were all patients offered an influenza vaccination for the most recent influenza season?	24	1	25	96.0%	0
9.005	All patients from the age of 50 – 75: Was the patient offered colorectal cancer screening?	25	0	25	100.0%	0
9.006	Female patients from the age of 50 through the age of 74: Was the patient offered a mammogram in compliance with policy?	Not Applicable				
9.007	Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy?	Not Applicable				
9.008	Are required immunizations being offered for chronic care patients?	11	2	13	84.6%	12
9.009	Are patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner?	Not Applicable				
Overall percentage:					**86.5%**	

10 – *Quality of Nursing Performance*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

11 – *Quality of Provider Performance*

This indicator is evaluated only by case review clinicians. There is no compliance testing component.

12 – *Reception Center Arrivals*

The institution had no reception center, so this indicator was not applicable.

Reference Number	13 – *Specialized Medical Housing*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
13.001	For OHU, CTC, and SNF: Did the registered nurse complete an initial assessment of the patient on the day of admission, or within eight hours of admission to CMF's Hospice?	8	2	10	80.0%	0
13.002	For CTC and SNF only: Was a written history and physical examination completed within the required time frame?	Not Applicable				
13.003	For OHU, CTC, SNF, and Hospice: Did the primary care provider complete the Subjective, Objective, Assessment, Plan, and Education (SOAPE) notes on the patient at the minimum intervals required for the type of facility where the patient was treated?	7	0	7	100.0%	3
13.101	For OHU and CTC only: Do inpatient areas either have properly working call systems in its OHU & CTC or are 30-minute patient welfare checks performed; and do medical staff have reasonably unimpeded access to enter patient's cells?	1	0	1	100.0%	0
Overall percentage:					**93.3%**	

Reference Number	14 – *Specialty Services*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
14.001	Did the patient receive the high-priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service?	14	1	15	93.3%	0
14.002	Did the primary care provider review the high-priority specialty service consultant report within the required time frame?	14	1	15	93.3%	0
14.003	Did the patient receive the routine specialty service within 90 calendar days of the primary care provider order or Physician Request for Service?	15	0	15	100.0%	0
14.004	Did the primary care provider review the routine specialty service consultant report within the required time frame?	10	3	13	76.9%	2
14.005	For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames?	12	8	20	60.0%	0
14.006	Did the institution deny the primary care provider request for specialty services within required time frames?	9	0	9	100.0%	0
14.007	Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame?	9	0	9	100.0%	0
Overall percentage:					**89.1%**	

Reference Number	15 – *Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.001	Did the institution promptly process inmate medical appeals during the most recent 12 months?	9	3	12	75.0%	0
15.002	Does the institution follow adverse / sentinel event reporting requirements?	Not Applicable				
15.003	Did the institution Quality Management Committee (QMC) meet at least monthly to evaluate program performance, and did the QMC take action when improvement opportunities were identified?	6	0	6	100.0%	0
15.004	Did the institution's Quality Management Committee (QMC) or other forum take steps to ensure the accuracy of its Dashboard data reporting?	1	0	1	100.0%	0
15.005	Does the Emergency Medical Response Review Committee perform timely incident package reviews that include the use of required review documents?	12	0	12	100.0%	0
15.006	For institutions with licensed care facilities: Does the Local Governing Body (LGB), or its equivalent, meet quarterly and exercise its overall responsibilities for the quality management of patient health care?	Not Applicable				
15.101	Did the institution complete a medical emergency response drill for each watch and include participation of health care and custody staff during the most recent full quarter?	0	3	3	0.0%	0
15.102	Did the institution's second level medical appeal response address all of the patient's appealed issues?	10	0	10	100.0%	0
15.103	Did the institution's medical staff review and submit the initial inmate death report to the Death Review Unit in a timely manner?	5	1	6	83.3%	0
15.104	Does the institution's Supervising Registered Nurse conduct periodic reviews of nursing staff?	4	1	5	80.0%	0
15.105	Are nursing staff who administer medications current on their clinical competency validation?	10	0	10	100.0%	0
15.106	Are structured clinical performance appraisals completed timely?	2	4	6	33.3%	0
15.107	Do all providers maintain a current medical license?	15	0	15	100.0%	0
15.108	Are staff current with required medical emergency response certifications?	2	0	2	100.0%	1

Reference Number	15 – *Administrative Operations*	Scored Answers				N/A
		Yes	No	Yes + No	Yes %	
15.109	Are nursing staff and the Pharmacist-in-Charge current with their professional licenses and certifications, and is the pharmacy licensed as a correctional pharmacy by the California State Board of Pharmacy?	6	0	6	100.0%	1
15.110	Do the institution's pharmacy and authorized providers who prescribe controlled substances maintain current Drug Enforcement Agency (DEA) registrations?	1	0	1	100.0%	0
15.111	Are nursing staff current with required new employee orientation?	1	0	1	100.0%	0
Overall percentage:					**84.8%**	

APPENDIX B — CLINICAL DATA

Table B-1: CAL Sample Sets

Sample Set	Total
Death Review/Sentinel Events	2
Diabetes	3
Emergency Services – CPR	5
Emergency Services – Non-CPR	2
High Risk	5
Hospitalization	5
Intra-System Transfers In	3
Intra-System Transfers Out	3
RN Sick Call	18
Specialty Services	3
	49

Table B-2: CAL Chronic Care Diagnoses

Diagnosis	Total
Anemia	3
Arthritis/Degenerative Joint Disease	4
Asthma	12
Cancer	4
Cardiovascular Disease	1
Chronic Pain	17
Diabetes	6
Gastroesophageal Reflux Disease	12
Gastrointestinal Bleed	1
Hepatitis C	23
Hyperlipidemia	9
Hypertension	9
Mental Health	4
Seizure Disorder	3
Sleep Apnea	2
Thyroid Disease	3
	113

Table B-3: CAL Event – Program

Diagnosis	Total
Diagnostic Services	75
Emergency Care	31
Hospitalization	42
Intra-System Transfers In	13
Intra-System Transfers Out	9
Outpatient Care	308
Specialized Medical Housing	122
Specialty Services	124
	724

Table B-4: CAL Review Sample Summary

	Total
MD Reviews Detailed	20
MD Reviews Focused	0
RN Reviews Detailed	14
RN Reviews Focused	29
Total Reviews	63
Total Unique Cases	49
Overlapping Reviews (MD & RN)	14

APPENDIX C — COMPLIANCE SAMPLING METHODOLOGY

Calipatria State Prison (CAL)

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Access to Care			
MIT 1.001	Chronic Care Patients (25)	Master Registry	• Chronic care conditions (at least one condition per patient—any risk level) • **Randomize**
MIT 1.002	Nursing Referrals (25)	OIG Q: 6.001	• See ***Intra-system Transfers***
MITs 1.003–006	Nursing Sick Call (5 per clinic) (30)	MedSATS	• Clinic (each clinic tested) • Appointment date (2–9 months) • **Randomize**
MIT 1.007	Returns from Community Hospital (25)	OIG Q: 4.007	• See ***Health Information Management (Medical Records)*** (returns from community hospital)
MIT 1.008	Specialty Services Follow-up (30)	OIG Q: 14.001 & 14.003	• See ***Specialty Services***
MIT 1.101	Availability of Health Care Services Request Forms (6)	OIG onsite review	• Randomly select one housing unit from each yard
Diagnostic Services			
MITs 2.001–003	Radiology (10)	Radiology Logs	• Appointment date (90 days–9 months) • **Randomize** • Abnormal
MITs 2.004–006	Laboratory (10)	Quest	• Appt. date (90 days–9 months) • Order name (CBC or CMPs only) • **Randomize** • Abnormal
MITs 2.007–009	Pathology (10)	InterQual	• Appt. date (90 days–9 months) • Service (pathology related) • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Health Information Management (Medical Records)			
MIT 4.001	Timely Scanning (12)	OIG Qs: 1.001, 1.002, & 1.004	• Non-dictated documents • 1st 10 IPs MIT 1.001, 1st 5 IPs MITs 1.002, 1.004
MIT 4.002	(1)	OIG Q: 1.001	• Dictated documents • First 20 IPs selected
MIT 4.003	(20)	OIG Qs: 14.002 & 14.004	• Specialty documents • First 10 IPs for each question
MIT 4.004	(20)	OIG Q: 4.007	• Community hospital discharge documents • First 20 IPs selected
MIT 4.005	(0)	OIG Q: 7.001	• MARs • First 20 IPs selected
MIT 4.006	(7)	Documents for any tested inmate	• Any misfiled or mislabeled document identified during OIG compliance review (24 or more = No)
MIT 4.007	Returns From Community Hospital (25)	Inpatient claims data	• Date (2–8 months) • Most recent 6 months provided (within date range) • Rx count • Discharge date • **Randomize** (each month individually) • First 5 patients from each of the 6 months (if not 5 in a month, supplement from another, as needed)
Health Care Environment			
MITs 5.101–105 MITs 5.107–111	Clinical Areas (10)	OIG inspector onsite review	• Identify and inspect all onsite clinical areas.
Inter- and Intra-System Transfers			
MITs 6.001–003	Intra-System Transfers (25)	SOMS	• Arrival date (3–9 months) • Arrived from (another CDCR facility) • Rx count • **Randomize**
MIT 6.004	Specialty Services Send-Outs (20)	MedSATS	• Date of transfer (3–9 months) • **Randomize**
MIT 6.101	Transfers Out (8)	OIG inspector onsite review	• R&R IP transfers with medication

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Pharmacy and Medication Management			
MIT 7.001	Chronic Care Medication (25)	OIG Q: 1.001	*See **Access to Care*** • At least one condition per patient—any risk level • **Randomize**
MIT 7.002	New Medication Orders (25)	Master Registry	• Rx count • **Randomize** • Ensure no duplication of IPs tested in MIT 7.001
MIT 7.003	Returns From Community Hospital (25)	OIG Q: 4.007	• See ***Health Information Management (Medical Records)*** *(returns from community hospital)*
MIT 7.004	RC Arrivals – Medication Orders *(N/A at this institution)*	OIG Q: 12.001	• See ***Reception Center Arrivals***
MIT 7.005	Intra-Facility Moves (23)	MAPIP transfer data	• Date of transfer (2–8 months) • To location/from location (yard to yard and to/from ASU) • Remove any to/from MHCB • NA/DOT meds (and risk level) • **Randomize**
MIT 7.006	En Route (0)	SOMS	• Date of transfer (2–8 months) • Sending institution (another CDCR facility) • **Randomize** • NA/DOT meds
MITs 7.101–103	Medication Storage Areas (varies by test)	OIG inspector onsite review	• Identify and inspect clinical & med line areas that store medications
MITs 7.104–106	Medication Preparation and Administration Areas (varies by test)	OIG inspector onsite review	• Identify and inspect onsite clinical areas that prepare and administer medications
MITs 7.107–110	Pharmacy (1)	OIG inspector onsite review	• Identify & inspect all onsite pharmacies
MIT 7.111	Medication Error Reporting (25)	Monthly medication error reports	• All monthly statistic reports with Level 4 or higher • Select a total of 5 months
MIT 7.999	Isolation Unit KOP Medications (10)	Onsite active medication listing	• KOP rescue inhalers & nitroglycerin medications for IPs housed in isolation units
Prenatal and Post-Delivery Services			
MITs 8.001–007	Recent Deliveries *(N/A at this institution)*	OB Roster	• Delivery date (2–12 months) • **Most recent** deliveries (within date range)
	Pregnant Arrivals *(N/A at this institution)*	OB Roster	• Arrival date (2–12 months) • **Earliest** arrivals (within date range)

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Preventive Services			
MITs 9.001–002	TB Medications (12)	Maxor	• Dispense date (past 9 months) • Time period on TB meds (3 months or 12 weeks) • **Randomize**
MIT 9.003	TB Evaluation, Annual Screening (30)	SOMS	• Arrival date (at least 1 year prior to inspection) • Birth Month • **Randomize**
MIT 9.004	Influenza Vaccinations (25)	SOMS	• Arrival date (at least 1 year prior to inspection) • **Randomize** • Filter out IPs tested in MIT 9.008
MIT 9.005	Colorectal Cancer Screening (25)	SOMS	• Arrival date (at least 1 year prior to inspection) • Date of birth (51 or older) • **Randomize**
MIT 9.006	Mammogram *(N/A at this institution)*	SOMS	• Arrival date (at least 2 yrs prior to inspection) • Date of birth (age 52–74) • **Randomize**
MIT 9.007	Pap Smear *(N/A at this institution)*	SOMS	• Arrival date (at least three yrs prior to inspection) • Date of birth (age 24–53) • **Randomize**
MIT 9.008	Chronic Care Vaccinations (25)	OIG Q: 1.001	• Chronic care conditions (at least 1 condition per IP—any risk level) • **Randomize** • Condition must require vaccination(s)
MIT 9.009	Valley Fever *(N/A at this institution)*	Cocci transfer status report	• Reports from past 2–8 months • Institution • Ineligibility date (60 days prior to inspection date) • **All**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Reception Center Arrivals			
MITs 12.001–008	RC *(N/A at this institution)*	SOMS	• Arrival date (2–8 months) • Arrived from (county jail, return from parole, etc.) • **Randomize**
Specialized Medical Housing			
MITs 13.001–004	OHU (10)	CADDIS	• Admit date (1–6 months) • Type of stay (no MH beds) • Length of stay (minimum of 5 days) • **Randomize**
MIT 13.101	Call Buttons OHU (all)	OIG inspector onsite review	• Review by location
Specialty Services			
MITs 14.001–002	High-Priority (15)	MedSATS	• Approval date (3–9 months) • **Randomize**
MITs 14.003–004	Routine (15)	MedSATS	• Approval date (3–9 months) • Remove optometry, physical therapy or podiatry • **Randomize**
MIT 14.005	Specialty Services Arrivals (20)	MedSATS	• Arrived from (other CDCR institution) • Date of transfer (3–9 months) • **Randomize**
MIT 14.006–007	Denials (0)	InterQual	• Review date (3–9 months) • **Randomize**
	(9)	IUMC/MAR Meeting Minutes	• Meeting date (9 months) • Denial upheld • **Randomize**

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Administrative Operations			
MIT 15.001	Medical Appeals (all)	Monthly medical appeals reports	• Medical appeals (12 months)
MIT 15.002	Adverse/Sentinel Events (0)	Adverse/sentinel events report	• Adverse/sentinel events (2–8 months)
MITs 15.003–004	QMC Meetings (6)	Quality Management Committee meeting minutes	• Meeting minutes (12 months)
MIT 15.005	EMRRC (12)	EMRRC meeting minutes	• Monthly meeting minutes (6 months)
MIT 15.006	LGB (0)	LGB meeting minutes	• Quarterly meeting minutes (12 months)
MIT 15.101	Medical Emergency Response Drills (3)	Onsite summary reports & documentation for ER drills	• Most recent full quarter • Each watch
MIT 15.102	2nd Level Medical Appeals (10)	Onsite list of appeals/closed appeals files	• Medical appeals denied (6 months)
MIT 15.103	Death Reports (6)	Institution-list of deaths in prior 12 months	• Most recent 10 deaths • Initial death reports
MIT 15.104	RN Review Evaluations (5)	Onsite supervisor periodic RN reviews	• RNs who worked in clinic or emergency setting six or more days in sampled month • **Randomize**
MIT 15.105	Nursing Staff Validations (10)	Onsite nursing education files	• On duty one or more years • Nurse administers medications • **Randomize**
MIT 15.106	Provider Annual Evaluation Packets (5)	Onsite provider evaluation files	• All required performance evaluation documents
MIT 15.107	Provider licenses (15)	Current provider listing (at start of inspection)	• Review all

MIT 15.108	Medical Emergency Response Certifications (all)	Onsite certification tracking logs	• All staff
			  ○ Providers (ACLS)
			  ○ Nursing (BLS/CPR)
			• Custody (CPR/BLS)

MIT 15.109	Nursing staff and Pharmacist-in-Charge Professional Licenses and Certifications (all)	Onsite tracking system, logs, or employee files	• All required licenses and certifications

Quality Indicator	Sample Category (number of samples)	Data Source	Filters
Administrative Operations			
MIT 15.110	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations (all)	Onsite listing of provider DEA registration #s & pharmacy registration document	• All DEA registrations
MIT 15.111	Nursing Staff New Employee Orientations (all)	Nursing staff training logs	• New employees (hired within last 12 months) •
MIT 15.998	Death Review Committee (6)	OIG summary log - deaths	• Between 35 business days & 12 months prior • CCHCS death reviews

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES' RESPONSE

October 8, 2018

Roy Wesley, Inspector General
Office of the Inspector General
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827

Dear Mr. Wesley:

The Office of the Receiver has reviewed the draft report of the Office of the Inspector General (OIG) Medical Inspection Results for Calipatria State Prison (CAL) conducted from October 2017 to May 2018. California Correctional Health Care Services (CCHCS) acknowledges the OIG findings.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in CCHCS operations. If you have any questions or concerns, please contact me at (916) 691-3747.

Sincerely,

DEANNA GOULDY
Associate Director
Risk Management Branch
California Correctional Health Care Services

cc: Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Clark Kelso, Receiver
Richard Kirkland, Chief Deputy Receiver
Stephen Tseng, M.D., Chief of Medical Inspections, OIG
Penny Horper, R.N., MSN, CPHQ, Nurse Consultant Program Review, OIG
Yulanda Mynhier, Director, Health Care Policy and Administration, CCHCS
R. Steven Tharratt, M.D., MPVM, FACP, Director, Health Care Operations, CCHCS
Roscoe Barrow, Chief Counsel, CCHCS Office of Legal Affairs
Lara Saich, Deputy Director, Policy and Risk Management Services, CCHCS
Renee Kanan, M.D., Deputy Director, Medical Services, CCHCS
Jane Robinson, R.N., Deputy Director, Nursing Services, CCHCS
Annette Lambert, Deputy Director, Quality Management, Clinical Information and Improvement Services, CCHCS
Robert Herrick, Regional Health Care Executive, Region IV, CCHCS
Elizabeth dos Santos Chen, D.O., Regional Deputy Medical Executive, Region IV, CCHCS
Alex Serrano, Regional Nursing Executive (A), Region IV, CCHCS
Muhammad Nasir, M.D., Chief Executive Officer, CAL
Amanda Oltean, Staff Services Manager II, Program Compliance Section, CCHCS
Allan Blackwood, Staff Services Manager I, Program Compliance Section, CCHCS
Misty Polasik, Staff Services Manager I, OIG